

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156576

Entity Name: CLOSE GRIP COMPANY

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

20945 NE 37TH CT
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20945 NE 37TH CT
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 74-3153974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, NORIKO M
20945 NE 37TH CT
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLOYD, NORIKO M
Address: 20945 NE 37TH CT
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Delete
Name: PANAGOS-FLOYD, HELEN
Address: 20945 NE 37TH CT
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: ROUSSO, MARK E
Address: 18891 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES () Change (X) Addition
Name: PANAGOS, HELEN
Address: 20945 NE 37 TH CT
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORIKO FLOYD

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date