

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90106 046 \*\*\*150.00

<b>DOCUMENT # P06000121591</b> 1. Entity Name GREG - MAR OF TAMPA, INC.			
Principal Place of Business 5820 N. HUBERT ST TAMPA, FL 33614 US		Mailing Address 3216 W. CREST ST TAMPA, FL 33614 US	
2. Principal Place of Business - No P.O. Box # <u>3116 W. CREST AVE</u>		3. Mailing Address <u>3116 W. CREST AVE</u>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <u>TAMPA, FL</u>		City & State <u>TAMPA, FL</u>	
Zip <u>33614</u>		Zip <u>33614</u>	
County <u>HILLS</u>		County <u>HILLS</u>	
4. FEI Number <u>205571945</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01312007 Chg-P CR2E034 (12/08)	
6. Name and Address of Current Registered Agent  TESTA, PHILIP J SR 4726-B N. LOIS AVE TAMPA, FL 33614		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENITEZ, GREGORIO 3216 W CREST ST TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, MARIANA 3216 W CREST ST TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>X. Gregorio Benitez</u> / GREGORIO BENITEZ		X 1-31-07 X(813) 293-4755	