

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048141

Entity Name: GRAVINDON CORP.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

304 NW BETHANY DRIVE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

304 NW BETHANY DRIVE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CATALDO, GRACE  
304 NW BETHANY DRIVE  
PORT ST. LUCIE, FL 34986 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CATALDO, GRACE  
Address: 304 NW BETHANY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD  
Name: MALKKI, DONNA  
Address: 304 NW BETHANY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD  
Name: CARCARO, VINCENT  
Address: 304 NW BETHANY DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: DONNA MALKKI

VD

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date