2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P93000008520 1. Entity Name 04-02-2004 90074 025 ***150.00 GRUBIN FAMILY, INC. Principal Place of Business: Mailing Address 12405 SW 95TH TR. 12405 SW 95TH TR MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address าวาวไกรเกียดเหล Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For والمتحدث والمتحدث 65-0384556 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired عارد ٥ ٪ ڪينو هوڙا د Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT & NEIMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD. STE. 3550 **MIAMI FL 33131** City Zip Code 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition GRUBIN, SHOLEM NAMS. NAME 12405 SW 95TH TR. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME GRUBIN, TATYANA NAME STREET ADDRESS 12405 SW 95TH TR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRUBIN, TATYANATT NAME STREET ADDRESS 12405 S.W. 95 TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🛂 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tatyana Grubin

STREET ADDRESS

CITY-ST-ZIP

FILED