

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000025976

1. Entity Name
G.R.G.S. CORP.



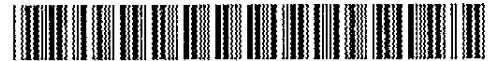
Principal Place of Business

380 SW 4TH ST #9
MIAMI, FL 33130

Mailing Address

380 SW 4TH ST #9
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0477899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOCARRAS, RICHARD
380 SW 4TH ST #9
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000077664
03/05/04-80052-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SPCARRAS, RICHARD 15505 DODSON DOLTON, OL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SOCARRAS, GABRIEL 14318 S IRVING DOLTON, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SOCARRAS, GUSTAVO A 643 CARROL PKWY GLENWOOD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORET DE MOLA, OSCAR 505 N W 57 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X *Oscar Loret de Mola* OSCAR LORET DE MOLA, DIR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/04