

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90251 021 \*\*\*150.00

<b>DOCUMENT # P94000025976</b> 1. Entity Name <b>G.R.G.S. CORP.</b>					
Principal Place of Business <b>380 SW 4TH ST #9 MIAMI, FL 33130</b>			Mailing Address <b>380 SW 4TH ST #9 MIAMI, FL 33130</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>#2</b> City & State Zip Country		3. Mailing Address  Suite, Apt. #, etc. <b>#2</b> City & State Zip Country			
4. FEI Number <b>65-0477899</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>SOCARRAS, RICHARD 380 SW 4TH ST #9 MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name <b>SOCARRAS, RICHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>380 SW 4<sup>TH</sup> ST. #2</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33130</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP SPCARRAS, RICHARD 15505 DODSON DOLTON, OL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOCARRAS, RICHARD 15505 DODSON DOLTON, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOCARRAS, GABRIEL 14318 S IRVING DOLTON, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOCARRAS, GUSTAVO A 643 CARROL PKWY GLENWOOD, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORET DE MOLA, OSCAR 505 N W 57 CT MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE: X</b> <i>Oscar Loret de Mola</i> <b>OSCAR LORET DE MOLA, DIR. 4/20/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					