

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

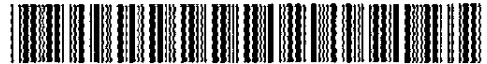
DOCUMENT # P94000025976

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



Principal Place of Business
**380 SW 4TH ST #2
MIAMI, FL 33130**

Mailing Address
**380 SW 4TH ST #2
MIAMI, FL 33130**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 #2
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

02/25/06 0434730 001 150.00

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IN THIS SPACE**

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:

Oscar Loret de Mola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR LORET DE MOLA, DIR. 01/20/06

Date

Daytime Phone #