

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 A**  
**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



01122007 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, 2007 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, OL
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80037-010 150.00

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

**OSCAR LORET DE MOLA, DIR. 1/12/07**

Date

Daytime Phone #