


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 023 ***150.00

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
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DO NOT WRITE IN THIS SPACE

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02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0477899	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOCARRAS, RICHARD 380 SW 4TH ST #2 MIAMI, FL 33130

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOCARRAS, 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	

DO NOT WRITE 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, DIR. 2/27/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #