2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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AMENDED ANNUAL REPORT												
DOCUMENT # P94000067871 1. Entity Name GRADOLF CORP.							05	FILE OCT 13				
Principal Place	e of Busines	s	Mailing Address				Sr.	fore.	*.			
14307 SW 14	42 ST		14307 SW 142 ST				IAT	CRL LAHÁSSEÉ	ELADINA			
MIAMI, FL 33	3186		MIAMI, FL 33186			IAL	-CHUMPOSEE	, FLUKIDA				
							4 118 11881 148	(E)II: G(SK) ESM) ESKN SS	MIN GERIG BIRIT PRE EN CURS IRREST			
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10122005	Chg-P	CR2E034 (10/03	.)			
City & State			City & State				4. FEI Numbe		<u> </u>	Applied For Not Applicable		
Zip		Country	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent		<u> </u>		7. Name and	Address of New F	Registered Agent	rea		
6. Name and Address of Current Registered Agent Name Name								AGGRESS OF NEW !	neglistered Agent			
MACLI, GUSTAVO						ESTEDAN AIDIN						
14307 SW 142 ST					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	MIAMI, FL 33186						11207 (11) 110 0+					
					City	70 Codo (C) 0						
					City V	<u> </u>	<u>1ML</u>		FL 学	3100		
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 CITELAN Allen												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whan reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11		
TITLE	PD	TITL		Pa	1.551110140,		SOT Channel					
NAME	MAGLI, C	NAM		ES	keban.	Albini						
STREET ADDRESS						143	'e, FOE	ω 14 ¹²	3+			
CITY-ST-ZIP	AVENTU	cm	Y-ST-ZIP	Mi	<u>ami,</u>	<u>FL 33</u>	<u> </u>					
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CITY-ST-ZIP				CIT	Y-ST-ZIP							
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NAME				NAX	VIE .							
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TITLE NAME			☐ Delete	TITE					Change	, LI 200(100)		
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP							
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.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Optime Prome #												
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