## **2005 FOR PROFIT CORPORATION**

SIGNATURE:

## **FILED** ANNUAL REPORT May 05, 2005 08:00 AM Secretary of State **DOCUMENT # P95000012502** T. GRANT ENTERPRISES, INC. Principal Place of Business Mailing Address 3069 HIBISCUS ST. POST OFFICE BOX 1074 MIAMI, FL 33133 COCONUT GROVE, FL 33133 02272005 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARKE, LEONARDO D DO NOT WRITE 3340 MCDONALD STREET MIAMI, FL 33133 IN THIS SPACE 4. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GRANT, TIMOTHY STREET ADDRESS 3069 HIBISCUS STREET CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS U00000361863 City-St-78 <u>05/05/05-80094-008</u> 150.00 IIILE NUME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ពវា ៩ HAME STREET ADDRESS CITY-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 supplier 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.