2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P97000086392 1. Entity Name 04-14-2004 90064 008 ***150.00 GRV INC. Principal Place of Business Mailing Address 1610 NW 128TH DR 1610 NW 128TH DR APT 104 SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address 843 University Blud Apt 103 BY3 University Blud Hot-103 Suite, Apt. #, etc. Jupi Jen F1. 33458 Cityle State Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number 65-0787585 Not Applicable Country Palm Beach PalmBear \$8.75 Additional 5. Certificate of Status Desired 33458 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOIR, EUGENE J SR Street Address (P.O. Box Number is Not Acceptable) 2416 NW 84 WAY SUNRISE FL 33322 City Zip Code 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. address change only Ochange 843 University Blud#103 Jupiter, F1-33458 OFFIC **PSTD** TITLE TITLE □ Delete VANDEVOIR, EUGENE J SR NAME NAME STREET ADDRESS 2416 NW 84 WAY STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-ZIP Secretary - Treasure Pichange RAddition TITLE ☐ Delete TITLE inda Vandevoir NAME NAME 843 University Blud #109 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 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

FILED