


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000107047**


1. Entity Name  
**GRILLAS ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

1111 PONCE DE LEON BOULEVARD      1111 PONCE DE LEON BOULEVARD  
 SUITE 625      SUITE 625  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



05012006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0872854**      Not Applicable

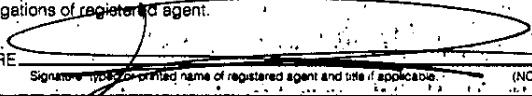
5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRILLAS, BOB**  
 1111 PONCE DE LEON BOULEVARD  
 CORAL GABLES, FL 33134

**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:       DATE: **5/1/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00.**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

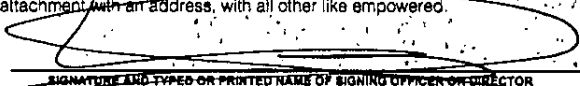
U00000563131  
 05/19/06-80082-016 150.00

10. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | DP                                  |
| NAME           | GRILLAS, CONSTANTINO                |
| STREET ADDRESS | 1111 PONCE DE LEON BOULEVARD, S-625 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134              |
| TITLE          | DV                                  |
| NAME           | GRILLAS, HARALAMBOS                 |
| STREET ADDRESS | 1111 PONCE DE LEON BLVD.            |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134              |
| TITLE          | DS                                  |
| NAME           | GRILLAS, DIMITRIUS                  |
| STREET ADDRESS | 1111 PONCE DE LEON BLVD.            |
| CITY-ST-ZIP    | MIAMI, FL 33134                     |
| 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:       DATE: **5/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**HARALAMBOS GRILLAS**  
 (Bob)