

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107952

FILED  
Jul 28, 2005  
Secretary of State

Entity Name: GRESSONEY CORPORATION

**Current Principal Place of Business:**

430 VALENCIA AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2017 ERWIN RD.  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-0840963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSMAN, L. MICHAEL  
1474-A WEST 84 STREET  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WELF, LEONARDO  
Address: 2017 SE ERWIN RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD ( ) Delete  
Name: WELF, JULIE  
Address: 2017 SE ERWIN RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO WELF

PD

07/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date