

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------|---|---------|--|
| DOCUMENT # P98000007553 | | | | | |
| 1. Entity Name GRATIGNY MANAGERS, INC. | | | | | |
| Principal Place of Business 14445 NE 20TH LANE NORTH MIAMI, FL 33181-1446 | | | Mailing Address 14445 NE 20TH LANE NORTH MIAMI, FL 33181-1446 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. # etc. | | | Suite, Apt. # etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | | |
| NUNEZ, MIKE 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1446 | | | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| Name | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| City | | | | | |
| State FL 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 _____ | | | | | |
| Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when not notarized) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD NUNEZ, MIKE 14445 NE 20TH LANE NORTH MIAMI, FL 331811446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | STD LEIBOWITZ, MARVIN 14445 NE 20TH LANE NORTH MIAMI, FL 331811446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D LEIBOWITZ, LAWRENCE 14445 NE 20TH LANE NORTH MIAMI, FL 331811446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| U000000087130 03/12/04-80051-021 150.00 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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: 2/16/04 305 948 1284 | | | | | |