


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000007553 1. Entity Name GRATIGNY MANAGERS, INC.	
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Principal Place of Business 14445 NE 20TH LANE NORTH MIAMI, FL 33181-1446	Mailing Address 14445 NE 20TH LANE NORTH MIAMI, FL 33181-1446
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0829724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**NUNEZ, MIKE
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1446**

**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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD NUNEZ, MIKE 14445 NE 20TH LANE NORTH MIAMI, FL 331811446
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD LEIBOWITZ, MARVIN 14445 NE 20TH LANE NORTH MIAMI, FL 331811446
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LEIBOWITZ, LAWRENCE 14445 NE 20TH LANE NORTH MIAMI, FL 331811446
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U00000234629
02/18/05-80027-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/24/05 305948.1284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #