

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90061 014 ***500.00

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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 - No P.O. Box #

3. Mailing Address
2121 Ponce De Leon Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1100

06252007 Chg-P CR2E034 (12/06)

City & State

City & State
Coral Gables, Florida

4. FEI Number
65-0829724

Applied For
Not Applicable

Zip

Country

Zip **33134**

Country **USA**

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

Name **Michael B. Goldstein, CPA**

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce De Leon Blvd., #1100

City **Coral Gables**

FL

Zip Code **33134**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NUNEZ, MIKE**
STREET ADDRESS **14445 NE 20TH LANE**
CITY-ST-ZIP **NORTH MIAMI, FL 331811446**

TITLE **STD** ☐ Delete
NAME **LEIBOWITZ, MARVIN**
STREET ADDRESS **14445 NE 20TH LANE**
CITY-ST-ZIP **NORTH MIAMI, FL 331811446**

TITLE **D** ☐ Delete
NAME **LEIBOWITZ, LAWRENCE**
STREET ADDRESS **14445 NE 20TH LANE**
CITY-ST-ZIP **NORTH MIAMI, FL 331811446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/07