

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90009 028 ***150.00

DOCUMENT # P98000015363

1. Entity Name
GRUM ENTERPRISES INC.



Principal Place of Business

~~1210 WASHINGTON AVE.~~
~~SUITE 215~~
MIAMI BEACH, FL ~~33139~~ US

Mailing Address

~~1210 WASHINGTON AVE.~~
~~SUITE 215~~
MIAMI BEACH, FL ~~33139~~ US

54026123



2. Principal Place of Business

1250 20th St
Suite, Apt. #, etc.
suite 2D

3. Mailing Address

1250 20th St
Suite, Apt. #, etc.
suite 2D

02272004

Chg-P

CR2E034 (10/03)

City & State

Miami Beach

City & State

Miami Beach

4. FEI Number

65-0823097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKOLA, THOMAS J
~~501 BRICKELL KEY DRIVE~~
~~SUITE 602~~
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

1001 Brickell Bay Dr., Suite 1508

Miami

City

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

Thomas J. Skola

3/8/2004

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME VALERIA, GAUFFILLIER
STREET ADDRESS 555 NE 15TH ST # 30 K
CITY-ST-ZIP MIAMI, FL 33132

TITLE S ☐ Delete
NAME THOMAS, SKOLA
STREET ADDRESS ~~501 BRICKELL KEY DR., STE 602~~
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☐ Change ☐ Addition
NAME
STREET ADDRESS 555 NE 15th St. #30K
CITY-ST-ZIP Miami FL 33132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 Brickell Bay Dr., Suite 1508
CITY-ST-ZIP

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

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

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

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 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:

Ugum Kilmire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/04

Date

305.532.3224

Daytime Phone #