

FILED  
Jun 04, 2004 8:00 am  
Secretary of State

06-04-2004 90001 045 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000091257

1. Entity Name  
GROGNARD CORPORATION



Principal Place of Business  
319 S. RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

Mailing Address  
319 S. RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

54056606



2. Principal Place of Business  
7725 NOREMAC AVE

3. Mailing Address  
7725 NOREMAC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272003

Chg-P

CR2E034 (10/03)

City & State  
MIAMI BEACH

City & State  
MIAMI BEACH

4. FEI Number  
65-0877601

Applied For  
Not Applicable

Zip  
33141

Country  
FLORIDA

Zip  
33141

Country  
FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANSIN, ULRICH  
319 S. RIVERSIDE DR  
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name  
ANSIN, ULRICH  
Street Address (P.O. Box Number is Not Acceptable)

7725 NOREMAC AVE  
City MIAMI BEACH FL Zip Code 33141

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

MAY 30, 04

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANSIN, ULRICH  
319 S. RIVERSIDE DR  
POMPANO BEACH, FL 33062 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANSIN, ULRICH  
7725 NOREMAC AVE  
MIAMI BEACH, FL 33141 ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

ULRICH ANSIN

MAY 30, 04

Date

305-865 6919

Daytime Phone #