

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012912

Entity Name: GRV MANAGEMENT, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

1920 E. HALLANDALE BLVD
SUITE 216
HALLANDALE, FL 33009

Current Mailing Address:

1920 E. HALLANDALE BLVD
SUITE 216
HALLANDALE, FL 33009

New Principal Place of Business:

1920 E. HALLANDALE BLVD
SUITE 616
HALLANDALE, FL 33009

New Mailing Address:

1920 E. HALLANDALE BLVD
SUITE 616
HALLANDALE, FL 33009

FEI Number: 65-0905592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDUC, REJEAN
1001 N. FEDERAL HIGHWAY
SUITE 205
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

SPIEGEL, UTRERA
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: TOM FOWKES

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEZINA, ANDRE
Address: 17801 N. BAY ROAD, SUITE 405
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST () Delete
Name: FOWKES, TOM
Address: 200 LESLIE DRIVE, SUITE 921
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOWKES, TOM
Address: 1920 EAST HALLANDALE BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FOWKES

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date