

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000062769

1. Entity Name
GRATIGNY MANAGERS II, INC.



Principal Place of Business
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1446

Mailing Address
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1446



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0941008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

**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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
NUNEZ, MIKE
STREET ADDRESS
14445 N.E. 20TH LANE
CITY - ST - ZIP
NORTH MIAMI, FL 331811446

TITLE
NAME
LEIBOWITZ, MARVIN
STREET ADDRESS
14445 N.E. 20TH LANE
CITY - ST - ZIP
NORTH MIAMI, FL 331811446

TITLE
NAME
D
LEIBOWITZ, LAWRENCE
STREET ADDRESS
14445 N.E. 20TH LANE
CITY - ST - ZIP
NORTH MIAMI, FL 331811446

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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02/18/05-80027-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/24/05 305 948.1284
Date Daytime Phone