

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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
2121 PONCE DE LEON BOULEVARD
1100
MIAMI, FL 33134

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

U00000854460
07/14/08-80001-017 150.00

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IN THIS SPACE**

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 #