2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P99000094505

Entity Name: GRIBAN TECHNOLOGIES, INC.

Current Principal Place of Business:

11034 W FLAGLER STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

11034 W FLAGLER STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0956892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEEKS, JOSEPH D
11034 WEST FLAGLER STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEEKS, JOSEPH D
Address: 11040 WEST FLAGER STREET
City-St-Zip: MIAMI, FL 33174

Title: VPD ( ) Delete
Name: GUILLEN, JOSE
Address: 11040 WEST FLAGER STREET
City-St-Zip: MIAMI, FL 33174

Title: DS ( ) Delete
Name: GUILLEN, YOLANDA
Address: 11040 WEST FLAGER STREET
City-St-Zip: MIAMI, FL 33174

Title: DT ( ) Delete
Name: WEEKS, MELISA M
Address: 11040 WEST FLAGER STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WEEKS, JOSEPH D
Address: 11034 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: VPD (X) Change ( ) Addition
Name: GUILLEN, JOSE
Address: 11040 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: DS (X) Change ( ) Addition
Name: GUILLEN, YOLANDA
Address: 11040 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: DT (X) Change ( ) Addition
Name: WEEKS, MELISA M
Address: 11034 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

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: JOSEPH D WEEKS PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date