

Apr 21 04 01:17p

Malcolm A. Leonard, CPR

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-28-2004 90298 050 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 524144														
1. Entity Name GRA-MOR ENTERPRISES, INC.														
Principal Place of Business 411 E. SHERIDAN ST. DANIA, FL 33004 US	Mailing Address 411 E. SHERIDAN ST. DANIA, FL 33004 US													
DO NOT WRITE IN THIS SPACE														
4. FPI Number 65-0250664		Applied For ☐ Not Applicable												
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required												
6. Name and Address of Current Registered Agent TESTA, GRACE B 854 HIBISCUS DRIVE HALLANDALE, FL 33009		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 _____ DATE _____														
FILE NOW!!! FEE is \$100.00 after May 1, 2004 Fee will be \$550.00														
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees														
10. OFFICERS AND DIRECTORS														
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DVP TESTA, GRACE B. 854 HIBISCUS DRIVE HALLANDALE, FL</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TESTA, GRACE B. 854 HIBISCUS DRIVE HALLANDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 incorporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 if changed, or on an attachment with signatures, with its proper authorization.														
SIGNATURE: <i>Grace B. Testa</i> 5/24/04 JRS														

(954) 921-7100