


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90016 044 \*\*\*150.00

<b>DOCUMENT # V15239</b>		
1. Entity Name GRATEK CORP.		

Principal Place of Business 4701 SW 7 STABUGATTAS MIAMI, FL 33166	Mailing Address 8025 NW 36 ST 302 MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0313976	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORDERU, ALFONSO 8025 NW 36 ST #302 MIAMI, FL 33166	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABUGATTAS, ALFREDO 8025 NW 36 AT MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **MARCH 19, 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Form 1120

## U.S. Corporation Income Tax Return

OMB No. 1545-0123

For calendar year 2006 or tax year beginning , 2006, end. , 20

2006

Department of the Treasury  
Internal Revenue Service (77)

See separate instructions.

<b>A Check if:</b> 1 Consolidated return (attach Form 851) 2 Personal holding co. (attach Sch. PH) 3 Personal ser. corp. (see instructions) 4 Sch. M-3 required (attach Sch. M-3)	<b>Use IRS label. Otherwise, print or type.</b>	Name Number, street, room/suite no. City/town, state, & ZIP code	<b>B Employer identification number</b> 65-0313976  <b>C Date incorporated</b> 02/19/1992  <b>D Total assets (see instructions)</b> \$ 37,965.
		GRATEK CORP	
		8025 NW 36 ST STE 302	
		MIAMI FL 33166	

<b>E Check if:</b>		(1) Initial return	(2) Final return	(3) Name change	(4) Address change
<b>Income</b>	1a Gross receipts or sales	123,531.	b Less returns and allowances		c Bal
	2 Cost of goods sold (Schedule A, line 8)				1c 123,531.
	3 Gross profit. Subtract line 2 from line 1c				2 119,206.
	4 Dividends (Schedule C, line 19)				3 4,325.
	5 Interest				4
	6 Gross rents				5
	7 Gross royalties				6
	8 Capital gain net income (attach Schedule D (Form 1120))				7
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)				8
	10 Other income (see instructions - attach schedule)				9
	11 Total income. Add lines 3 through 10				10 4,325.
<b>Deductions (See inst. for limitations on deductions.)</b>	12 Compensation of officers (Schedule E, line 4)				11
	13 Salaries and wages (less employment credits)				12
	14 Repairs and maintenance				13
	15 Bad debts				14
	16 Rents				15
	17 Taxes and licenses				16
	18 Interest				17
	19 Charitable contributions				18
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)				19
	21 Depletion				20
	22 Advertising				21
	23 Pension, profit-sharing, etc., plans				22
	24 Employee benefit programs				23
	25 Domestic production activities deduction (attach Form 8903)				24
	26 Other deductions (attach schedule)				25 2,296.
	27 Total deductions. Add lines 12 through 26				26 2,296.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				27 2,029.
29 Less: a Net operating loss deduction (see instructions)	29a	2,029.		28 2,029.	
b Special deductions (Schedule C, line 20)	29b			29c 2,029.	
30 Taxable income. Subtract line 29c from line 28 (see instructions)				29	
31 Total tax (Schedule J, line 10)				30	
<b>Tax and Payments</b>	32a 2005 overpayment credited to 2006	32a			31
	b 2006 estimated tax payments	32b			
	c 2006 refund applied for on Form 4466	32c			
	d Tax deposited with Form 7004				
	e Credits: (1) Form 2439 (2) Form 4136				
	f Credit for federal telephone excise tax paid (attach Form 8913)	32f			
	g Estimated tax penalty (see instructions). Check if Form 2220 is attached	32g			
	33 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed				32h
	34 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				33
	35 Enter amount from line 35 you want: Credited to 2007 estimated tax				34
36 Refunded				35	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
	Signature of officer <i>Gerente General</i> Date <i>MARCH 12, 2007</i> Title <i>Gerente General</i>

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i> Date <i>02/03/2007</i> Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>P00391733</i>
	Firm's name (or yours) <i>CORDERO CPA PA</i>	EIN <i>65-0334781</i>
	if self-employed, address, and ZIP code <i>8025 NW 36 STREET STE 302 MIAMI FL 33166-</i>	Phone no. <i>305-599-4111</i>

**ATTACHMENT** 40040281  
#V15239

Form 1120 (2006) **GRATEK CORP**

65-0313976 Page **2**

**Schedule A Cost of Goods Sold** (see instructions)

<b>1</b> Inventory at beginning of year	<b>1</b>	
<b>2</b> Purchases	<b>2</b>	
<b>3</b> Cost of labor	<b>3</b>	119,206.
<b>4</b> Additional section 263A costs (attach schedule)	<b>4</b>	
<b>5</b> Other costs (attach schedule)	<b>5</b>	
<b>6 Total.</b> Add lines 1 through 5	<b>6</b>	119,206.
<b>7</b> Inventory at end of year	<b>7</b>	
<b>8 Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	<b>8</b>	119,206.

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost  
 (ii) ☐ Lower of cost or market  
 (iii) ☐ Other (Specify method used and attach explanation.) ►

**b** Check if there was a writedown of subnormal goods ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

**d** If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** ☐

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

**Schedule C Dividends and Special Deductions**  
(see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
<b>1</b> Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
<b>2</b> Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
<b>3</b> Dividends on debt-financed stock of domestic and foreign corporations		see instr.	
<b>4</b> Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
<b>5</b> Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
<b>6</b> Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
<b>7</b> Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
<b>8</b> Dividends from wholly owned foreign subsidiaries		100	
<b>9 Total.</b> Add lines 1 through 8. See instructions for limitation			
<b>10</b> Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
<b>11</b> Dividends from affiliated group members		100	
<b>12</b> Dividends from certain FSCs		100	
<b>13</b> Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11 or 12			
<b>14</b> Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
<b>15</b> Foreign dividend gross-up			
<b>16</b> IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
<b>17</b> Other dividends			
<b>18</b> Deduction for dividends paid on certain preferred stock of public utilities			
<b>19 Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4			
<b>20 Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

**Schedule E Compensation of Officers** (see instructions for page 1, line 12)

**Note:** Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
<b>2</b> Total compensation of officers						
<b>3</b> Compensation of officers claimed on Schedule A and elsewhere on return						
<b>4</b> Subtract line 3 from line 2. Enter the result here and on page 1, line 12						

Form **1120** (2006)

# ATTACHMENT 40040281 #V15239

Form 1120 (2006) GRATEK CORP

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## Schedule J Tax Computation (see instructions)

1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	▶		2	
2 Income tax. Check if a qualified personal service corporation (see instructions)	▶		3	
3 Alternative minimum tax (attach Form 4626)			4	
4 Add lines 2 and 3				
5a Foreign tax credit (attach Form 1118)		5a		
b Qualified electric vehicle credit (attach Form 8834)		5b		
c General business credit. Check applicable box(es): <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844		5c		
d Credit for prior year minimum tax (attach Form 8827)		5d		
e Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912		5e		
6 Total credits. Add lines 5a through 5e			6	
7 Subtract line 6 from line 4			7	
8 Personal holding company tax (attach Schedule PH (Form 1120))			8	
9 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)			9	
10 Total tax. Add lines 7 through 9. Enter here and on page 1, line 31			10	

## Schedule K Other Information (see instructions)

	Yes	No		Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash			7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corp.?		
b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶			If "Yes," enter: (a) Percentage owned ▶ 0.0		X
2 See the instructions and enter the:			and (b) Owner's country ▶		
a Business activity code no. ▶			c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶		
b Business activity ▶			8 Check this box if the corporation issued publicly offered debt instruments with original issue discount		
c Product or service ▶			If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)		X	9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.			10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶		
4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X	11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here		
If "Yes," enter name and EIN of the parent corporation ▶			If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.		
5 At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)		X	12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.)		
If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 0.0			▶ \$ 5,756.		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		X	13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," file Form 5452, Corporate Report of Non-dividend Distributions.			If "Yes," the corporation is not required to complete Sch. L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year.		
If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.			▶ \$		

**Note:** If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach **Schedule N (Form 1120)**, Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Form 1120 (2006)

# ATTACHMENT 40040281

Form 1120 (2006) GRATEK CORP

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Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		37,953.		37,965.
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach schedule) .....				
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	1,502.		1,502.	
b	Less accumulated depreciation .....	1,502.		1,502.	
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	<b>Total assets</b> .....		37,953.		37,965.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....		34,254.		30,628.
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach schedule) .....				
19	Loans from shareholders .....		7,133.		8,742.
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (attach schedule) .....				
22	Capital stock: a Preferred stock .....	500.			
	b Common stock .....		500.	500.	500.
23	Additional paid-in capital .....				
24	Retained earnings-Appropriated (attach schedule) .....				
25	Retained earnings-Unappropriated .....		(3,934.)		(1,905.)
26	Adjustments to shareholders' equity (attach schedule) .....				
27	Less cost of treasury stock .....				
28	<b>Total liabilities and shareholders' equity</b> .....		37,953.		37,965.

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

**Note:** Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books .....	2,029.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ .....	
2 Federal income tax per books .....			
3 Excess of capital losses over capital gains .....			
4 Income subject to tax not recorded on books this year (itemize): .....			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation ..... \$ b Charitable contributions ..... \$ c Travel and entertainment ..... \$		8 Deductions on this return not charged against book income this year (itemize): a Depreciation ..... \$ b Charitable contributions ..... \$	
6 Add lines 1 through 5 .....	2,029.	9 Add lines 7 and 8 .....	
		10 Income (page 1, line 28)-line 6 less line 9 .....	2,029.

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year .....	(3,934.)	5 Distributions: a Cash .....	
2 Net income (loss) per books .....	2,029.	b Stock .....	
3 Other increases (itemize): .....		c Property .....	
		6 Other decreases (itemize): .....	
4 Add lines 1, 2, and 3 .....	(1,905.)	7 Add lines 5 and 6 .....	
		8 Balance at end of year (line 4 less line 7) .....	(1,905.)

Form 1120 (2006)



## ATTACHMENT

40040281

#V15239

US 1120

End of Year Trial Balance

2006

Name: GRATEK CORP

EIN: 65-0313976

## ASSETS

Cash.....	37,965.
Receivables.....	
less bad debts.....	
Inventories.....	
U.S. govt obligations....	
Tax-exempt securities....	
Other current assets.....	
Loans to stockholders....	
Mortgage/real estate loan	
Other investments.....	
Depreciable assets.....	
less accum depreciation.	
Depletable assets.....	
less accum depletion....	
Land.....	
Intangible assets.....	
less accum amortization.	
Other assets.....	
Total assets.....	37,965.

## LIABILITIES and EQUITY

Accounts payable.....	30,628.
Mortgages, loans, etc.	
payable less than 1 yr.	
Other current liability.	
Loans from stockholders.	8,742.
Mortgages, loans, etc.	
payable 1 yr. or more..	
Other liabilities.....	
Capital stock	
Preferred stock.....	
Common stock.....	500.
Addl paid-in capital....	
Retained earnings.	
Appropriated.....	
Unappropriated.....	
Adj to shrholder equity.	
Cost of treasury stock..	
Total liabilities and	
stockholders' equity...	39,870.

## INCOME

Gross receipts or sales	123,531.
less returns/allowances	
Dividends	
less than 20% owned	
subject to 70% ded.....	
less than 20% owned	
subj to 80% deduction..	
Debt financed stock.....	
Less than 20% owned	
preferred pub utilities	
20% or more owned	
preferred pub utilities	
Less than 20% owned	
foreign corps. and FSCs	
subject to 70%.....	
20% or more owned	
foreign corps. and FSCs	
subject to 80%.....	
Wholly owned foreign	
subsidiaries.....	
Under Small Business	
Investment Act of 1958.	
FSCs subject to 100% ded	
Affiliated group members	
subject to 100% ded....	
From other foreign Corps	
Subpart F.....	
Foreign dividend	
gross-up.....	
IC-DISC & former DISC	
Other dividends	

## EXPENSE

Cost of goods	
Purchases.....	
Cost of labor.....	119,206.
Other costs.....	
Accounting.....	
Advertising.....	
Amortization per books..	
Answering service.....	
Auto and truck expense..	
Bad debts.....	
Bank charges.....	206.
Charitable contributions	
Commissions.....	
Computer expense.....	
Delivery and freight....	
Depletion per books.....	
Depreciation per books..	
Dues and subscriptions..	
Employee benefits.....	
Entertainment/promotion.	
Gifts.....	
Insurance.....	
Interest paid.....	
Janitorial.....	
Laundry and cleaning....	
Legal and professional..	2,090.
Licenses and permits....	
Meals to be reduced.....	
Miscellaneous.....	
Nondeductible expense...	
Office expense.....	

# Y 15239

EIN: 65-0313976

INCOME		EXPENSE	
Farm		Outside services.....	
Gross.....		Parking fees and tolls..	
Expenses.....		Pension/profit sharing..	
		Postage.....	
Interest		Printing.....	
Taxable.....		Rents.....	
Portion of above amount		Repairs and maintenance.	
from US government		Salaries and wages	
obligations.._____		Others.....	
Tax-exempt.....		Officers.....	
Portion of above amount		Sales expense.....	
to be added to __ state		Security.....	
income....._____		Supplies.....	
		Taxes not listed below..	
Gross rent.....		Federal income tax paid	
		State income tax paid..	
Gross royalties.....		Telephone.....	
		Temporary help.....	
Gains or losses from		Tools.....	
asset sales.....		Trade show expense.....	
		Training and seminars...	
State tax refund.....		Travel.....	
		Uniforms.....	
Other income.....		Utilities.....	
Other nontaxable income..			
-----			
Total income.....	123,531.		
Total expense.....	121,502.		
Profit or loss.....	2,029.		



40040281

ATTACHMENT #V15239



## Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07

FEIN 65-0313976

UTS1

For calendar year 2006 or tax year beginning \_\_\_\_\_, 2006 ending \_\_\_\_\_

873902006123100020050371365031397600009



Name GRATEK CORP  
 Address 8025 NW 36 ST STE 302  
 Address  
 City/State/ZIP MIAMI FL 33166

☐ Check here if any changes have  
 been made to name or address

☐ Check here if you do not  
 want the Department to  
 send you a form next year.  
 (\*see page 2)

## Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions)  
**Attach pages 1-4 of federal return** ..... Check here if negative \_\_\_\_\_
2. State income taxes deducted in computing federal taxable income (attach sch.) Check here if negative \_\_\_\_\_
3. Additions to federal taxable income (from Schedule I) ..... Check here if negative \_\_\_\_\_
4. Total of Lines 1, 2 and 3 ..... Check here if negative \_\_\_\_\_
5. Subtractions from federal taxable income (from Schedule II) ..... Check here if negative \_\_\_\_\_
6. Adjusted federal income (Line 4 minus Line 5) ..... Check here if negative \_\_\_\_\_
7. Florida portion of adjusted federal income (see instructions) ..... Check here if negative \_\_\_\_\_
8. Nonbusiness income allocated to Florida (from Schedule R) ..... Check here if negative \_\_\_\_\_
9. **Florida exemption** .....
10. Florida net income (Line 7 plus Line 8 minus Line 9) .....
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater  
 (see instructions for Schedule VI) .....
12. Credits against the tax (from Schedule V, Line 16) .....
13. Emergency excise tax due (from Schedule A, Line 20) .....
14. Total corporate income/franchise and emergency excise tax due (see instructions) .....
15. a) Penalty: F-2220 \_\_\_\_\_ b) Other \_\_\_\_\_  
 c) Interest: F-2220 \_\_\_\_\_ d) Other \_\_\_\_\_ Line 15 Total ► .....
16. Total of Lines 14 and 15 .....
17. Payment credits: Estimated tax payments 17a \$   
 Tentative tax payment 17b \$
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon.  
 If there is an overpayment, enter on Line 19 and/or Line 20 .....
19. Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon .....
20. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon .....

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FLF11201

Rev. 1

## 2006 Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/2006

UTS1  
 F-1120  
 R. 01/07

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ► ☐

Name GRATEK CORP  
 Address 8025 NW 36 ST STE 302  
 Address  
 City/State/ZIP MIAMI FL 33166

650313976	0	0	0
20060101	0	0	0
20061231	0	0	0
00000000	0	0	0
001	0	0	0
202	0	0	0
0	0	0	0
0	0	0	0



ATTACHMENT

40040281

#V15239

UTS1  
F-1120  
R. 01/07

FEIN 65-0313976 GRATEK CORP

This return is considered incomplete unless a copy of the federal return is attached.			
A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature)	Date	Title
Paid preparer's only	Preparer's signature Date 02/03/2007 Firm's name (or yours if self-employed) and address CORDERO CPA PA 8025 NW 36 STREET STE 302 MIAMI FL	Preparer check if self-employed <input type="checkbox"/> FEIN 65-0334781 ZIP 33166-	Preparer's SSN or PTIN P00391733

**All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate - See Instructions**

- A. State of incorporation: FL
- B. Florida Secretary of State document number: V15239
- C. Florida consolidated return? YES ☐ NO ☒
- D. ☐ Initial return ☐ Final return (final federal return filed)
- E. Taxpayer election s. 220.03(5), F.S. ☒ General Rule ☐ Election A ☐ Election B
- F. Principal Business Activity Code (as pertains to Florida)
- G. A Florida extension of time was timely filed? YES ☐ NO ☒ If yes, attach copy of Florida Form F-7004.
- H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.
- H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- H-3. The federal common parent has sales, prop. or payroll in FL? YES ☐ NO ☒
- I. Location of corporate books: \_\_\_\_\_
- J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
- K. Enter date of latest IRS audit \_\_\_\_\_ List years examined \_\_\_\_\_
- L. Contact person and telephone for questions concerning this return: \_\_\_\_\_
- M. Type of federal return filed ☒ 1120 ☐ 1120A ☐ 1120S or \_\_\_\_\_

**\* Do you want a personalized package?**

If you use purchased software to prepare and file your return and **do not** want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.

**Note:** Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

**Don't forget:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEI Number on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Form F-7004 (extension of time) if applicable.**

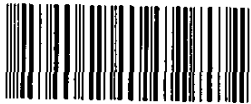
**Where to Send Payments and Returns**

Make check payable to and send with return to:

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:

FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE FL 32314-6440

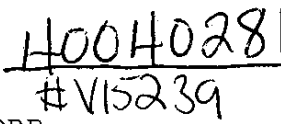


ATTACHMENT 40040281  
#V15239

FEIN 65-0313976 GRATEK CORP  
DATA Page 1

UTS1  
F-1120  
R. 01/07

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0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
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0	0	0	0
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0	0	0	0



UTS1  
F-1120  
R. 01/07

ATTACHMENT

40040281

#V15239

US 1120

Corporation's NOL Carryover

2006

Name: GRATEK CORP

EIN: 65-0313976

## Part I

A	Year to which NOL is being carried .....	12/2006	
B	Year in which NOL occurred .....	12/2003	
C	NOL amount for Year B .....		5,756.
D	If more than one NOL was carried to year A, enter the total of all NOLs .....		
	1 Carryovers of NOLs that preceded both years A and B .....		
	2 Carrybacks of NOLs that preceded year B .....		

## Part II

1	Taxable income for year A before NOL and special deductions .....	2,029.	
2	Amount from D1 Part I .....		
3	Subtract .....		2,029.
4	If year A is a carryforward year, enter the deductions for charitable contributions figured by using the amount on line 3 as taxable income .....		
5	Amount from D2 Part I .....		
6	Dividends received deduction:		
a	Subtract line 4 from line 1 .....	2,029.	
b	Dividends received deductions figured by using the amount on line 6a as taxable income .....		
7	Add lines 4, 5 and 6b .....		
8	Modified taxable income .....		2,029.
9	Carryover .....		3,727.

## Worksheet for line 6b

1	Line 6a above without any adjustment under section 1059 and without any capital loss carryback to the tax year .....		
2	1120, page 2, lines 10, 11 and 12c .....		
3	Subtract .....		
4	Line 3 times 80% .....		
5	1120, page 2, lines 2, 5, 7 and 8, column c, and part of the deduction on line 3c that is attributable to dividends from 20% or more corporations .....		
6	Smaller of lines 4 or 5. If line 5 is greater than line 4, stop here and enter 1120, page 2, line 6c or line 9c on line 6b above .....		
7	1120, page 2, lines 2, 5, 7 and 8, column a and part of the deduction on line 3a that 20% or more owned corporations .....		
8	Subtract line 7 from line 3 .....		
9	Line 8 times 70% .....		
10	Subtract line 5 above from 1120, page 2, line 9c .....		
11	Smaller of lines 9 or 10 .....		
12	Add lines 6 and 11 .....		

ATTACHMENT 40040281

#V15239

US 1120

State Information and 2006 Estimated Tax Payments

2006

Name: GRATEK CORP

EIN: 65-0313976

	State return is needed	Overpayment credited from 2005	First quarter 04/17/2006	Second quarter 06/15/2006	Third quarter 09/15/2006	Fourth quarter 12/15/2006	Total
Federal	Not applicable						
Alabama							
Alaska							
Arizona							
Arkansas							
California							
Colorado							
Connecticut							
Delaware							
DC							
Florida	X						
Georgia							
Hawaii							
Idaho							
Illinois							
Indiana							
Iowa							
Kansas							
Kentucky							
Louisiana							
Maine							
Maryland							
Massachusetts							
Michigan							
Minnesota							
Mississippi							
Missouri							
Montana							
Nebraska							
New Hampshire							
New Jersey							
New Mexico							
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon							
Pennsylvania							
Rhode Island							
South Carolina							
Tennessee							
Texas							
Utah							
Vermont							
Virginia							
West Virginia							
Wisconsin							

40040281

ATTACHMENT # V15239



## Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07

FEIN 65-0313976

UTS1

For calendar year 2006 or tax year beginning \_\_\_\_\_, 2006 ending \_\_\_\_\_

873902006123100020050371365031397600009



Name GRATEK CORP  
 Address 8025 NW 36 ST STE 302  
 Address  
 City/State/ZIP MIAMI FL 33166

☐ Check here if any changes have  
 been made to name or address

☐ Check here if you do not  
 want the Department to  
 send you a form next year.  
 (\*see page 2)

## Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions)  
 Attach pages 1-4 of federal return ..... Check here if negative \_\_\_\_\_
2. State income taxes deducted in computing federal taxable income (attach sch.) Check here if negative \_\_\_\_\_
3. Additions to federal taxable income (from Schedule I) ..... Check here if negative \_\_\_\_\_
4. Total of Lines 1, 2 and 3 ..... Check here if negative \_\_\_\_\_
5. Subtractions from federal taxable income (from Schedule II) ..... Check here if negative \_\_\_\_\_
6. Adjusted federal income (Line 4 minus Line 5) ..... Check here if negative \_\_\_\_\_
7. Florida portion of adjusted federal income (see instructions) ..... Check here if negative \_\_\_\_\_
8. Nonbusiness income allocated to Florida (from Schedule R) ..... Check here if negative \_\_\_\_\_
9. Florida exemption .....
10. Florida net income (Line 7 plus Line 8 minus Line 9) .....
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater  
 (see instructions for Schedule VI) .....
12. Credits against the tax (from Schedule V, Line 16) .....
13. Emergency excise tax due (from Schedule A, Line 20) .....
14. Total corporate income/franchise and emergency excise tax due (see instructions) .....
15. a) Penalty: F-2220 ..... b) Other .....  
 c) Interest: F-2220 ..... d) Other ..... Line 15 Total ► .....
16. Total of Lines 14 and 15 .....
17. Payment credits: Estimated tax payments 17a \$ .....  
 Tentative tax payment 17b \$ .....
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon.  
 If there is an overpayment, enter on Line 19 and/or Line 20 .....
19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon .....
20. Refund: Enter amount of overpayment to be refunded here and on payment coupon .....

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FLF11201

Rev. 1

## 2006 Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/2006

 UTS1  
 F-1120  
 R. 01/07
To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ► ☐

Name GRATEK CORP  
 Address 8025 NW 36 ST STE 302  
 Address  
 City/State/ZIP MIAMI FL 33166

650313976	0	0	0
20060101	0	0	0
20061231	0	0	0
00000000	0	0	0
001	0	0	0
202	0	0	0
0	0	0	0
0	0	0	0



ATTACHMENT

140040281

#V15239

UTS1  
F-1120  
R. 01/07

FEIN 65-0313976 GRATEK CORP

This return is considered incomplete unless a copy of the federal return is attached. A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature) <i>Reuben Lopez</i>	Date <i>March 12, 2007</i>	Title <i>Gerente General</i>
Paid preparer's only	Preparer's signature <i>[Signature]</i>	Date <i>02/03/2007</i>	Preparer check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <i>P00391733</i>
	Firm's name (or yours if self-employed) and address <i>CORPORA CPA PA</i> <i>8025 NW 36 STREET STE 302</i> <i>MIAMI FL</i>	FEIN <i>65-0334781</i>	ZIP <i>33166-</i>

**All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate - See Instructions**

A. State of incorporation: <u>FL</u>	H-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____
B. Florida Secretary of State document number: <u>V15239</u>	H-3. The federal common parent has sales, prop. or payroll in FL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	I. Location of corporate books: _____
D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)	J. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
E. Taxpayer election s. 220.03(5), F.S. <input checked="" type="checkbox"/> General Rule <input type="checkbox"/> Election A <input type="checkbox"/> Election B <input type="checkbox"/>	K. Enter date of latest IRS audit _____ List years examined _____
F. Principal Business Activity Code (as pertains to Florida) _____	L. Contact person and telephone for questions concerning this return: _____
G. A Florida extension of time was timely filed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach copy of Florida Form F-7004.	M. Type of federal return filed <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120A <input type="checkbox"/> 1120S or _____
H-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.	

**\* Do you want a personalized package?**

If you use purchased software to prepare and file your return and **do not** want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.

**Note:** Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

**Don't forget:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEI Number on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Form F-7004 (extension of time) if applicable.**

**Where to Send Payments and Returns**

Make check payable to and send with return to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE FL 32314-6440



# ATTACHMENT

40040281

#V15239



FEIN 65-0313976

GRATEK CORP

DATA Page 1

UTS1  
F-1120  
R. 01/07

650313976	0	0	0
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0	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0	0	0	0
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0	0	0	0

40040281

#V15239



GRATEK CORP

DATA Page 2

UTS1  
F-1120  
R. 01/07

[illegible]

Form 1120

ATTACHMENT # V15239

## U.S. Corporation Income Tax Return

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2006 or tax year beginning \_\_\_\_\_, 2006, end. \_\_\_\_\_, 20 \_\_\_\_\_

2006

▶ See separate instructions.

<b>A Check if:</b> 1 Consolidated return (attach Form 951) 2 Personal holding co. (attach Sch. PH) 3 Personal ser. corp. (see instructions) 4 Sch. M-3 required (attach Sch. M-3)		<b>Use IRS label. Otherwise, print or type.</b> Name Number, street, room/suite no. City/town, state, & ZIP code GRATEK CORP 8025 NW 36 ST STE 302 MIAMI FL 33166	<b>B Employer identification number</b> 65-0313976 <b>C Date incorporated</b> 02/19/1992 <b>D Total assets (see instructions)</b> \$ 37,965.
---	--	---	---

**E Check if:** (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	123,531.	b	Less returns and allowances		c Bal	1c	123,531.
	2	Cost of goods sold (Schedule A, line 8)						2	119,206.
	3	Gross profit. Subtract line 2 from line 1c						3	4,325.
	4	Dividends (Schedule C, line 19)						4	
	5	Interest						5	
	6	Gross rents						6	
	7	Gross royalties						7	
	8	Capital gain net income (attach Schedule D (Form 1120))						8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)						9	
	10	Other income (see instructions - attach schedule)						10	
	11	Total income. Add lines 3 through 10						11	4,325.
Deductions (See inst. for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)						12	
	13	Salaries and wages (less employment credits)						13	
	14	Repairs and maintenance						14	
	15	Bad debts						15	
	16	Rents						16	
	17	Taxes and licenses						17	
	18	Interest						18	
	19	Charitable contributions						19	
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)						20	
	21	Depletion						21	
	22	Advertising						22	
	23	Pension, profit-sharing, etc., plans						23	
	24	Employee benefit programs						24	
	25	Domestic production activities deduction (attach Form 8903)						25	
	26	Other deductions (attach schedule)						26	2,296.
	27	Total deductions. Add lines 12 through 26						27	2,296.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						28	2,029.
	29	Less: a	Net operating loss deduction (see instructions)	29a	2,029.				
b		Special deductions (Schedule C, line 20)	29b						
			29c				2,029.		
30	Taxable income. Subtract line 29c from line 28 (see instructions)						30		
31	Total tax (Schedule J, line 10)						31		
Tax and Payments	32a	2005 overpayment credited to 2006	32a						
	b	2006 estimated tax payments	32b						
	c	2006 refund applied for on Form 4466	32c						
	d	2006 refund applied for on Form 4466	32d						
	e	Tax deposited with Form 7004	32e						
	f	Credits: (1) Form 2439 (2) Form 4136	32f						
	g	Credit for federal telephone excise tax paid (attach Form 8913)	32g						
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached					33		
	34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					34		
	35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					35		
36	Enter amount from line 35 you want: Credited to 2007 estimated tax ▶ Refunded ▶					36			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b> Signature of officer _____ Date _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Paid Preparer's Use Only</b> Preparer's signature _____ Date 02/03/2007 Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00391733	Firm's name (or yours if self-employed), address, and ZIP code CORDERO CPA PA 8025 NW 36 STREET STE 302 MIAMI FL 33166-		
EIN 65-0334781		Phone no. 305-599-4111	

ATTACHMENT 40040281

Form 1120 (2006) GRATEK CORP

#V15239

65-0313976 Page 2

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	119,206.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	<b>Total.</b> Add lines 1 through 5	6	119,206.
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	119,206.

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost  
(ii) ☐ Lower of cost or market  
(iii) ☐ Other (Specify method used and attach explanation.) ▶

**b** Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** ☐**e** If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No**Schedule C Dividends and Special Deductions** (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instr.	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11 or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

**Schedule E Compensation of Officers** (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
			0.0 %	0.0 %	0.0 %	
2	<b>Total compensation of officers</b>					
3	<b>Compensation of officers claimed on Schedule A and elsewhere on return</b>					
4	<b>Subtract line 3 from line 2. Enter the result here and on page 1, line 12</b>					

Form 1120 (2006)

# ATTACHMENT 40040281

#V15239

Form 1120 (2006) GRATEK CORP

65-0313976 Page 3

## Schedule J Tax Computation (see instructions)

1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	▶			
2 Income tax. Check if a qualified personal service corporation (see instructions)	▶	<input type="checkbox"/>	2	
3 Alternative minimum tax (attach Form 4626)			3	
4 Add lines 2 and 3			4	
5a Foreign tax credit (attach Form 1118)		5a		
b Qualified electric vehicle credit (attach Form 8834)		5b		
c General business credit. Check applicable box(es): <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844		5c		
d Credit for prior year minimum tax (attach Form 8827)		5d		
e Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912		5e		
6 Total credits. Add lines 5a through 5e			6	
7 Subtract line 6 from line 4			7	
8 Personal holding company tax (attach Schedule PH (Form 1120))			8	
9 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)			9	
10 Total tax. Add lines 7 through 9. Enter here and on page 1, line 31			10	

## Schedule K Other Information (see instructions)

	Yes	No		Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash			7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corp.? If "Yes," enter: (a) Percentage owned ▶ 0.0 and (b) Owner's country ▶		X
b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶			c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶		
2 See the instructions and enter the: a Business activity code no. ▶ b Business activity ▶ c Product or service ▶			8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		X	9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X	10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶		
5 At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 0.0		X	11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Non-dividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X	12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$ 5,756.		
			13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Sch. L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$		X

**Note:** If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach **Schedule N (Form 1120)**, Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Form **1120** (2006)

# ATTACHMENT 40040281

#V15239

Form 1120 (2006) GRATEK CORP

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Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		37,953.		37,965.
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach schedule) .....				
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	1,502.		1,502.	
b	Less accumulated depreciation .....	1,502.		1,502.	
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	<b>Total assets</b> .....		37,953.		37,965.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....		34,254.		30,628.
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach schedule) .....				
19	Loans from shareholders .....		7,133.		8,742.
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (attach schedule) .....				
22	Capital stock: a Preferred stock .....	500.			
	b Common stock .....		500.	500.	500.
23	Additional paid-in capital .....				
24	Retained earnings-Appropriated (attach schedule) .....				
25	Retained earnings-Unappropriated .....		(3,934.)		(1,905.)
26	Adjustments to shareholders' equity (attach schedule) .....				
27	Less cost of treasury stock .....				
28	<b>Total liabilities and shareholders' equity</b> .....		37,953.		37,965.

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

**Note:** Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books .....	2,029.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ .....	
2 Federal income tax per books .....			
3 Excess of capital losses over capital gains .....			
4 Income subject to tax not recorded on books this year (itemize): .....			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation ..... \$ .....		8 Deductions on this return not charged against book income this year (itemize): a Depreciation ..... \$ .....	
b Charitable contributions ..... \$ .....		b Charitable contributions ..... \$ .....	
c Travel and entertainment ..... \$ .....			
6 Add lines 1 through 5 .....	2,029.	9 Add lines 7 and 8 .....	
		10 Income (page 1, line 28)-line 6 less line 9 .....	2,029.

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year .....	(3,934.)	5 Distributions: a Cash .....	
2 Net income (loss) per books .....	2,029.	b Stock .....	
3 Other increases (itemize): .....		c Property .....	
		6 Other decreases (itemize): .....	
		7 Add lines 5 and 6 .....	
4 Add lines 1, 2, and 3 .....	(1,905.)	8 Balance at end of year (line 4 less line 7) .....	(1,905.)

Form 1120 (2006)