2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # V32650 1. Entity Name 04-19-2004 90395 013 ***150 00 JAIME GRUB ASSOCIATES, INC. Mailing Address Principal Place of Business 2814 N 46TH AVE 2814 N 46TH AVE SUITE 675 **SUITE 675** HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0329632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIESER, DIANA G ESQ. Street Address (P.O. Box Number is Not Acceptable) 5220 SW 34TH TERR HOLLYWOOD; EL 33312 _ 33314 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP -TITLE Addition TITLE ☐ Delete Change GRUB, JAIME NAME NAME STREET ADDRESS 2814 N. 46TH AVE: H675 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GRUB, ELENA NAME STREET ADDRESS 2814 N. 46TH AVE, H675 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 accuse 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 argument, with an argument, and the property of the corporation of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute the corporation of t

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SIGNATURE:

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MUTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

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