

Mail

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006526

1. Entity Name  
A PROPERTY RECOVERY & ASSISTANCE BROKERS, INC.



Principal Place of Business  
18520 NW 67TH AVE. #109  
MIAMI, FL 33015

Mailing Address  
18520 NW 67TH AVE. #109  
MIAMI, FL 33015

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

03302005 Chg-P CR2E034 (10/03)

4. FEI Number  
61-1468415

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired :  \$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

GRINER, ANDRE  
18520 NW 67TH AVE. #109  
MIAMI, FL 33015

### 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

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

### 10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GRINER, ANDRE           |                                 |
| STREET ADDRESS | 18520 NW 67TH AVE. #109 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33015         |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GRINER, GEORGIA         |                                 |
| STREET ADDRESS | 18520 NW 67TH AVE. #109 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33015         |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | COPPINS, MURKEL         |                                 |
| STREET ADDRESS | 6015 NW SEVENTH AVE.    |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33128         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed by the agent with an address, with all other like empowered.

SIGNATURE: *George...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andre Griner*  
Date Daytime Phone #

Signature X Andre Griner 07/13/05

FILED  
05 JUL 21 AM 11:21

4-15-05 90075 013 1500

