

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107047

**Entity Name:** GRILLAS ASSOCIATES, INC.

**Current Principal Place of Business:**

1111 PONCE DE LEON BOULEVARD  
SUITE 625  
CORAL GABLES, FL 33134

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC3536970549**

**Current Mailing Address:**

1111 PONCE DE LEON BOULEVARD  
SUITE 625  
CORAL GABLES, FL 33134

**FEI Number: 65-0872854**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRILLAS, HARALABOS  
1111 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title VP  
Name GRILLAS, CONSTANTINO  
Address 1111 PONCE DE LEON BOULEVARD,  
S-625  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name GRILLAS, HARALABOS  
Address 1111 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name GRILLAS, DEMETRIOS  
Address 1111 PONCE DE LEON BLVD.  
City-State-Zip: MIAMI FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: HARALABOS GRILLAS**

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date