2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other live empowered.

SIGNATURE:

## Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # 534775** 1. Entity Name GRANADA TRAVEL AGENCY INC. Mailing Address Principal Place of Business 4304 S.W. 8TH ST. 4304 S.W. 8TH ST. MIAMI FL 33134 MIAMI FL 33134 3. Mailing Adgress 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-1737968 Not Applicable Country \$8.75 Additional Zια Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, MARIA R Street Address (P.O. Box Number is Not Acceptable) 7135 COLLINS AVE APT 1405 MIAMI BEACH FL 33141 Zip Code City FL 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 CATE Signature, typed or printed name of registered agent and title if epot cable (NOTE Registored Agent signature required when revisiating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2006 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 OFFICERS AND DIRECTORS 11. to. Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME HERNANDEZ, MARIA 1000000518293 STREET ADDRESS STREET ADDRESS 2135 COLINS AVE, # 1405 05/02/06-80004-023 150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Change Addition Delete. THE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition FITLE □ Defeto III ' NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip Delete Change 🔲 Addilian TITLE me NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition T771 E TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip City-St-ZIP Addition Delete IME 🔲 Change NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZEP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Flotida 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

**FILED** 

1/06 /305)446-7940