2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000042766

1. Entity Name
GRAN MANAGEMENT CORP.

Principal Place of Business
9415 SUNSET DR STE 183
MIAMI, FL 33173-5429

Mailing Address
9415 SUNSET DR STE 183
MIAMI, FL 33173-5429

01062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
13-4248281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DARDER, MARIA DEL C
9415 SUNSET DR STE 183
MIAMI, FL 33173-5429

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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

000000212741
02/03/05-80042-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARDER, MARIA DEL C
STREET ADDRESS	9415 SUNSET DR STE 183
CITY-ST-ZIP	MIAMI, FL 331735429
TITLE	V
NAME	CAIRO, LAZARA
STREET ADDRESS	9415 SUNSET DR STE 183
CITY-ST-ZIP	MIAMI, FL 331735429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____ 02/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #