


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000012237

1. Entity Name
GRAN CORPORATION



Principal Place of Business
**8405 NW 53 STREET
MIAMI, FL 33166 US**

Mailing Address
**C/O SUAREZ, CEBALLOS & ORTIZ
354 SEVILLA AVE.
CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0392013 Applied For
Not Applied

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



6. Name and Address of Current Registered Agent

**SCHLAGETER, MARINA
1101 BRICKELL AVE
301-S
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

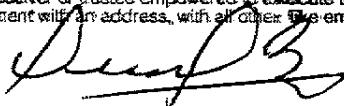
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE SOSA, MARINA S 8405 NW 53 STREET C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD SOSA, ALBERTO J 8405 NW 53 STREET C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOSA, GUILLERMO 8405 NW 53 STREET C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOSA DE HOYER, MARINA 8405 NW 53 STREET C-102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/04-80092-012 158.75

**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 19.07(3)(f), 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 persons empowered.

SIGNATURE:  4. 14. 04 3055927850