


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 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**



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0392013	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

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 _____ (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 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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 03/05/05-80028-003 159.75

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 119.07(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 like empowered.

SIGNATURE:  **WIN GRADU 3.1.05 305 582 7850**