

**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 ☒ **\$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

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DE SOSA, MARINA S  
STREET ADDRESS 8405 NW 53 STREET C-102  
CITY-ST-ZIP MIAMI, FL 33166

TITLE VPSD  
NAME SOSA, ALBERTO J  
STREET ADDRESS 8405 NW 53 STREET C-102  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME SOSA, GUILLERMO  
STREET ADDRESS 8405 NW 53 STREET C-102  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME SOSA DE HOYER, MARINA  
STREET ADDRESS 8405 NW 53 STREET C-102  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000252464  
03/05/05-80028-003 158.75

**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 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:

*[Signature]* **WILL GRADY 3.1.05 305 582 7850**