


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000142869 1. Entity Name 10927 GRANADA FOOD CORP.	
--	---

FILED
07 MAR 27 PM 1:28
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2300 CORAL WAY MIAMI, FL 33145	Mailing Address 2300 CORAL WAY MIAMI, FL 33145
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

01222007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 20-5877438	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP CASTILLO, JUAN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2521 SW 105TH AVE	NAME	<i>3/3/07</i>
STREET ADDRESS	MIAMI, FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT NOBOA, YOLANDA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2521 SW 105TH AVE	NAME	600095168696 03/28/07--01039--019 **158.75
STREET ADDRESS	MIAMI, FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 titles empowered.

SIGNATURE: *Juan M. Castillo* 2/19/07 (305) 850-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUAN M. CASTILLO, PRESIDENT