## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P93000012237 04-07-2008 90068 029 \*\*\*158.75 **GRAN CORPORATION** Mailing Address Principal Place of Business 8405 NW 53 STREET C/O SUAREZ, CEBALLOS & ORTIZ MIAMI, FL 33166 US 354 SEVILLA AVE. CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-0392013 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRADOS, LUIS Street Address (P.O. Box Number is Not Acceptable) 1614 PENNSYLVANIA AVE #2F MIAMI BEACH, FL 33139 City Zip Code FI 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. Lam familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE ☐ Change DE SOSA, MARINA S NAME NAME STREET ADDRESS 354 SEVILLA AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP **VPSD** TMF ☐ Detete ITHE ☐ Change ☐ Addition NAME SOSA, ALBERTO J NAME STREET ADORESS 354 SEVILLA AVE STREET ADDRESS MIAMI, FL 33134 CITY-ST-ZIP CITY-ST-7IP FITLE ☐ Delete MLE ☐ Chance ☐ Addition NAME SOSA, GUILLERMO NAME 354 SEVILLA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition SOSA DE HOYER, MARINA NAME NAME 354 SEVILLA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY ST 71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MAF ☐ Change ■ Addition NUF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute this 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 or particles empowered. LUB GRADO 4.4.08

FILED