


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F95000004374	
1. Entity Name GRAN VIA GROUP OF USA INC	

Principal Place of Business PENTHOUSE 101 48 E. FLAGLER STREET MIAMI, FL 33131	Mailing Address PENTHOUSE 101 48 E. FLAGLER STREET MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1395392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEDEL, CHOCRON
1539 SHORELINE WAY
HOLLYWOOD, FL 33019**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000912025 05/07/08-80064-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CHOCRON, SANTOS S CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC LINDENFELD, ABRAHAM C CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE CHOCRON, VIOLETA L CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDENFELD, MENDEL M CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Mendel Chazon **4/17/08** **305-819-3775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #