

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079613

**FILED**  
**May 24, 2016**  
**Secretary of State**  
**CC2408046241**

**Entity Name:** GRANIER CORPORATION

**Current Principal Place of Business:**

C/O 16137 BISCAYNE BLVD.  
AVENTURA, FL 33160

**Current Mailing Address:**

C/O 16137 BISCAYNE BLVD.  
AVENTURA, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANIER ORTIZ, JOSE LUIS  
C/O ANA LUCIA MORA  
16137 BISCAYNE BOULEVARD  
AVENTURA, FL 33160 US

*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.*

**SIGNATURE:** JOSE LUIS GRANIER ORTIZ

05/24/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRANIER ORTIZ, JOSE LUIS  
Address C/O 16137 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33160

Title VP  
Name DE GRANIER, CECILIA C.  
Address C/O 16137 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33160

Title S  
Name GRANIER, NICOLAS  
Address C/O 16137 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33160

Title T  
Name GRANIER, MARIA CECILIA  
Address C/O 16137 BISCAYNE BLVD.  
City-State-Zip: AVENTURA FL 33160

Title T  
Name GRANIER, LUIS PABLO  
Address C/O 16137 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GRANIER ORTIZ, JOSE LUIS

MR

05/24/2016

Electronic Signature of Signing Officer/Director Detail

Date