


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 497766**  
 1. Entity Name  
**GRANVILL COSMETICS MANUFACTURING, INC.**



Principal Place of Business: 7160 SW 30TH RD. MIAMI, FL 33155  
 Mailing Address: 7171 N WATERWAY DR. MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2617067</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRANADO, CARLOS V.**  
**5800 S.W. 45TH TERR.**  
**MIAMI, FL 33189**

**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 reappointing) 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 NAME STREET ADDRESS CITY - ST - ZIP	P GRANADO, CARLOS V. 5800 S.W. 45TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRANADO, JUAN C. 5800 S.W. 45 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRANADO, DEISE C. 5800 S.W. 45 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRANADO, AMERICA D. 5800 S.W. 45TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/28/05-80023-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1-24-05** **786-388-0009**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #