


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 497766</b> 1. Entity Name <b>GRANVILL COSMETICS MANUFACTURING, INC.</b>					
Principal Place of Business 7160 SW 30TH RD. MIAMI, FL 33155		Mailing Address 7171 N WATERWAY DR. MIAMI, FL 33155			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>GRANADÓ, CARLOS V.</b> 5800 S.W. 45TH TERR. MIAMI, FL 33189			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADO, CARLOS V.		NAME	Granado, Carlos V.	
STREET ADDRESS	5800 S.W. 45TH TERR.		STREET ADDRESS	5800 SW 45 terrace	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33155	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADO, JUAN C.		NAME		
STREET ADDRESS	5800 S.W. 45 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADO, DEISE C.		NAME		
STREET ADDRESS	5800 S.W. 45 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADO, AMERICA D.		NAME	Granado, America D.	
STREET ADDRESS	5800 S.W. 45TH TERR.		STREET ADDRESS	5800 S.W 45th Terr.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33155	
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" 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 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: _____			Date: <b>4/18/06</b> Daytime Phone #: <b>786-388-0009</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

Apr 25, 2006 8:00 am

Secretary of State

04-05-2006 90149 037 \*\*\*158.75



04172006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2617067**  Applied For  Not Applicable

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