

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 031 ***158.75

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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

40008244



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2617067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANADO, CARLOS V.
 5800 S.W. 45TH TERR.
 MIAMI, FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	GRANADO, CARLOS V.	5800 S.W. 45TH TERR.	MIAMI, FL	<input type="checkbox"/> Delete	P.D	Granado, Carlos V	5800 S.W 45th Terr Miami FL 33155
V	GRANADO, JUAN C.	5800 S.W. 45 TERRACE	MIAMI, FL	<input type="checkbox"/> Delete			
T	GRANADO, DEISE C.	5800 S.W. 45 TERRACE	MIAMI, FL	<input type="checkbox"/> Delete			
S	GRANADO, AMERICA D.	5800 S.W. 45TH TERR.	MIAMI, FL	<input type="checkbox"/> Delete	S.D	Granado, America D.	5800 S.W 45th Terr Miami FL 33155
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:

[Signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-388-0009