2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581811

Address:

City-St-Zip:

8475 NW 66 ST

MIAMI, FL 33166

Entity Name: GRANTURISMO U.S.A., INC.

FILED Apr 23, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
7270 NW STE 740	12 STREET			
MIAMI, FL	33126 US			
Current Mailing Address:			New Mailing Address:	
	12 STREET			
STE 740 MIAMI, FL	33126 US			
FEI Number	: 59-1869871	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
4244 PINÉ	GABRIELA ERIDGE CT FL 33326 U	JS		
	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electroni	c Signature of Registered Ager	nt	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C () PROANO, EDUA 1018 SUNFLOW WESTON, FL 3	/ER CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () PROANO, GABR 4244 PINE RIDG WESTON, FL 3	SE CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () ROMAN, MARCE 9930 SW 142 S MIAMI, FL 3317	Т	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () PROANO, FELIF 4363 FOXTAIL L WESTON, FL 3	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	S () PAREJA, ESTEE	Delete BAN	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GABRIELA PROANO MGR 04/23/2007