2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 592339

1. Entity Name

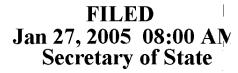
GRANVILL PHARMACEUTICALS LABORATORIES, CORPORATION

Principal Place of Business

Mailing Address

7171 N. WATERWAY DRIVE MIAMI, FL 33155

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DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO OFFICER OR DIRECTOR

01242005 No Chg-P CR2E034 (10/03)

 FEI Number 			Applied For
59-2202162	2		Not Applicable
5. Certificate of Stat	tus Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

GRANADO, CARLOS V. 5800 S.W. 45 TERRACE MIAMI, FL 33155

SIGNATURE:

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: typed or printed name of registered agent and life if approache. (NOTE, Registered Agent agent we required when renetating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
TUTLE NAME STREET ADDRESS	OFFICERS AND DIRECT T GRANADO, DEISE C 5800 SW 45 TERRACE	TORS			U00000200320 01/28/05-80023-011 150.00		
CHY-ST-ZIP TITLE MAMF STREET MODRESS CHY-ST-ZIP	MIAMI, FL 33155 PD GRANADO, CARLOS V. 5800 S.W. 45 TERRACE MIAMI, FL 33155						
THEF NAME STREET ADDRESS CITY-ST-ZIP	V GRANADO, JUAN C. 5800 S.W. 45 TERRACE MIAMI, FL 33155			DO NOT WRITE IN THIS SPACE			
title name street address city-st-71p	SD GRANADO, AMERICA D 5800 SW 45 TERRACE MIAMI, FL 33155						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET AIXORESS CITY-SI-7IP							
12. I hereby certify that the information supplied with this filling 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 the 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 trustees of powered 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 title empowered.							