


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # 592339 1. Entity Name GRANVILL PHARMACEUTICALS LABORATORIES, CORPORATION	
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Principal Place of Business 7171 N. WATERWAY DRIVE MIAMI, FL 33155	Mailing Address 7171 N. WATERWAY DRIVE MIAMI, FL 33155
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2202162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANADO, CARLOS V. 5800 S.W. 45 TERRACE MIAMI, FL 33155
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	T GRANADO, DEISE C 5800 SW 45 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANADO, CARLOS V. 5800 S.W. 45 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRANADO, JUAN C. 5800 S.W. 45 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRANADO, AMERICA D 5800 SW 45 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000200320
01/28/05-80023-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 786-388-0007
Date Daytime Phone #