
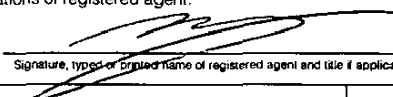



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90071 001 \*\*\*150.00

<b>DOCUMENT # 857892</b> 1. Entity Name <b>THE GRAND BAZAAR INC.</b>					
Principal Place of Business <b>6827 W COMMERCIAL BLVD TAMARAC, FL 33319</b>			Mailing Address <b>6827 W COMMERCIAL BLVD TAMARAC, FL 33319</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>59-2312091</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JAMOURA, MICHAEL J.</b> <b>6827 W COMMERCIAL BLVD</b> <b>TAMARAC, FL 33319</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Michael J. Janoura</b> Street Address (P.O. Box Number is Not Acceptable) <b>6827 West Commercial Boulevard</b>  City <b>Tamarac</b> <b>FL</b> Zip Code <b>33319</b>		
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 		<b>Michael J. Janoura</b>		<b>8 February 2008</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JANOURA, JOSEPH S.</b> <b>6827 W COMMERCIAL BLVD</b> <b>TAMARAC, FL 33319</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>JANOURA, PAMELA</b> <b>6827 W COMMERCIAL BLVD.</b> <b>TAMARAC, FL 33319</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JANOURA, MICHAEL</b> <b>6827 W COMMERCIAL BLVD</b> <b>TAMARAC, FL 33319</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>Michael J. Janoura</b> <b>6827 West Commercial Boulevard</b> <b>Tamarac, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		<b>Michael J. Janoura, President</b>		<b>8 February 2008</b> (954) 721-9190	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	