

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004374

FILED
Apr 29, 2009
Secretary of State

Entity Name: GRAN VIA GROUP OF USA INC

Current Principal Place of Business:

PENTHOUSE 101
48 E. FLAGLER STREET
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

PENTHOUSE 101
48 E. FLAGLER STREET
MIAMI, FL 33131

New Mailing Address:

FEI Number: 52-1395392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEL, CHOCRON
1539 SHORELINE WAY
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CHOCRON, SANTOS S
Address: CARACAS
City-St-Zip: VENEZUELA,

Title: WVC () Delete
Name: LINDENFELD, ABRAHAM C
Address: CARACAS
City-St-Zip: VENEZUELA,

Title: SD () Delete
Name: DE CHOCRON, VIOLETA L
Address: CARACAS
City-St-Zip: VENEZUELA,

Title: TD () Delete
Name: LINDENFELD, MENDEL M
Address: CARACAS
City-St-Zip: VENEZUELA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MENDEL CHOCRON

TD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date