


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90093 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # G91674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                        |                                                                   |
| 1. Entity Name<br>GRANATO, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                         |                                                                   |
| Principal Place of Business<br>355 S. WICKHAM ROAD<br>W. MELBOURNE FL 32904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | Mailing Address<br>355 S. WICKHAM ROAD<br>W. MELBOURNE FL 32904                                                                                                                                                                         |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | 3. Mailing Address                                                                                                                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | Suite, Apt. #, etc.                                                                                                                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | City & State                                                                                                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                            | Zip                                                                                                                                                                                                                                     | Country                                                           |
| 4. FEI Number<br>59-2344801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | \$8.75 Additional Fee Required                                                                                                                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>GRANATO, ROBERT<br>378 TOLLEY AVE<br>MELBOURNE FL 32935                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | 7. Name and Address of New Registered Agent<br>Name: <u>Robert GRANATO</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>4115 MIAMI AVE</u><br><u>W MELBOURNE FL</u><br>City: _____ State: <u>FL</u> Zip Code: <u>32904</u> |                                                                   |
| 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.<br>SIGNATURE: <u>Robert Granato</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)<br>DATE: <u>2-21-05</u>                                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GRANATO, ROBERT                    | NAME                                                                                                                                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 355 S. WICKHAM ROAD                | STREET ADDRESS                                                                                                                                                                                                                          |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | W. MELBOURNE FL 32904              | CITY-ST-ZIP                                                                                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete    | TITLE                                                                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | NAME                                                                                                                                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | STREET ADDRESS                                                                                                                                                                                                                          |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | CITY-ST-ZIP                                                                                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete    | TITLE                                                                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | NAME                                                                                                                                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | STREET ADDRESS                                                                                                                                                                                                                          |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | CITY-ST-ZIP                                                                                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete    | TITLE                                                                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | NAME                                                                                                                                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | STREET ADDRESS                                                                                                                                                                                                                          |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | CITY-ST-ZIP                                                                                                                                                                                                                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete    | TITLE                                                                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | NAME                                                                                                                                                                                                                                    |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | STREET ADDRESS                                                                                                                                                                                                                          |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | CITY-ST-ZIP                                                                                                                                                                                                                             |                                                                   |
| 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: <u>Robert Granato</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | <u>2-21-05</u> <u>321-723-8710</u><br>Date Daytime Phone #                                                                                                                                                                              |                                                                   |



1st MOORE CR2E034 (10/04)