



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 028 ***150.00

DOCUMENT # H46587 1. Entity Name GRANDVIEW BOTANICALS, INC.					
Principal Place of Business 34720 PROSPECT RD DADE CITY, FL 33525 US			Mailing Address 34720 PROSPECT RD DADE CITY, FL 33525 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">40061101</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 02152008 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 4. FEI Number 59-2499812 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent FINORA, GEORGE 34720 PROSPECT RD. DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name PAUL FINORA Street Address (P.O. Box Number is Not Acceptable) 31841 PASCO ROAD City San Antonio San Antonio FL Zip Code 78237	
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 <u><i>George Finora</i></u> DATE <u>2/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FINORA, GEORGE 34720 PROSPECT RD. DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PAUL FINORA 31841 PASCO Rd San Antonio FL 78237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINORA, EFFIE M. 34720 PROSPECT RD. DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. George Douglas Finora 12224 Knolly Pine Loop San Antonio FL 78237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.					
SIGNATURE: <u><i>George Finora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					