


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J98871**  
1. Entity Name  
**GRANADOS MANAGEMENT COMPANY**



Principal Place of Business 5481 N. STATE RD. 7 TAMARAC, FL 33319	Mailing Address 5481 N. STATE RD. 7 TAMARAC, FL 33319
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0019935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GRANADOS, FELIX SR.  
5481 N. STATE RD. SEVEN  
TAMARAC, FL 33319

**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 reinstating) 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	PD GRANADOS, FELIX JR. 5481 N. STATE RD. SEVEN TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANADOS, ROBERTO 5481 N. STATE RD. SEVEN TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANADOS, CARLOS 5481 N. STATE RD. SEVEN TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, STEPHEN R 5481 N. STATE ROAD SEVEN TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000173481  
01/07/05-80020-011 150.00

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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 Date Daytime Phone #