


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J98871
 1. Entity Name
GRANADOS MANAGEMENT COMPANY



Principal Place of Business Mailing Address
5481 N. STATE RD. 7 **5481 N. STATE RD. 7**
TAMARAC, FL 33319 **TAMARAC, FL 33319**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2EQ34 (11/05)

4. FEI Number Applied For
65-0019935 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 02/14/06-80017-010 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #