2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 08:00 A Secretary of State **DOCUMENT # K22289** 1. Entity Name GRANDA CEILING INC. Principal Place of Business Mailing Address % ANTONIO GRANDA % ANTONIO GRANDA 11245 NW 59 PL 11245 NW 59 PL HIALEAH, FL 33012 HIALEAH, FL 33012 05032006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0046014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GRANDA, ANTONIO DO NOT WRITE 11245 NW 59 PL HIALEAH, FL 33012 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 the Yappiloshie (NOTE: Registered Agent eigneture required when reinstating) DATE B. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE PR GRANDA, ANTONIO HAME 11245 NW 59 PLACE STREET ADDRESS .U00000563312 HIALEAH, FL 33012 COY-ST-7P 05/20/06-80006-010-150:00 TITLE GRANDA, OLGA NAME 11245 NW 59 PLACE STREET ADDRESS CITY-ST-21P HIALEAH, FL 33012 TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-51-70 TICLE HAME STREET ADDRESS CITY-ST-7P MLE STREET ADDRESS

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 onth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

CITY-ST-ZIP

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NAME OFFICER OR DIRECTOR

5-3-06

FILED