

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002673

1. Entity Name
OGZ/GRANA FINANCIAL GROUP, LLC



Principal Place of Business
999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134

Mailing Address
999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134



02252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1022849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCARIZ, HIRAM
999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DIAZ-GARRASTACHO, DENISE 2151 LEJEUNE RD, SUITE 312 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM OCARIZ, HIRAM 2151 LEJEUNE RD, SUITE 312 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GITLIN, MARK 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBALLO, MIRTHA T 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIZCAINO, ARMANDO 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134

L000000252501
03/05/05-80031-002 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mirtha Carballo

Mgr.

305-444-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #