

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000071439

1. Entity Name
GRAN IMAGE, LLC



Principal Place of Business
**2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US**

Mailing Address
**1521 ALTON RD
STE 123
MIAMI BEACH, FL 33139 US**



04052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0527769

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
SUITE 301
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SOSA, GUILLERMO
STREET ADDRESS	1521 ALTON RD #123
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	DE HOYER, MARINA S
STREET ADDRESS	1521 ALTON RD #123
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	STINSON, LOUIS JR
STREET ADDRESS	2199 PONCE DE LEON BLVD STE 301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	HOYER, CARLOS
STREET ADDRESS	1521 ALTON RD #123
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	AS
NAME	STINSON, LOUIS JR
STREET ADDRESS	2199 PONCE DE LEON BLVD STE 301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. 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 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:

LUIS GRADOS

4.5.07

3055827850

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

Date

Daytime Phone #