


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M18966</b> 1. Entity Name <b>GRANADA PREMIUM FINANCE COMPANY</b>	
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Principal Place of Business <b>4075 SW 83 AVE. MIAMI, FL 33155-0710</b>	Mailing Address <b>4075 SW 83 AVE. MIAMI, FL 33155-0710</b>
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04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2561335</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIAZ-PADRON, JUAN  
4075 SW 83 AVE  
MIAMI, FL 33155**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	DIAZ-PADRON, CARMEN
STREET ADDRESS	1410 ROBBIA AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	DIAZ-PADRON, JUAN
STREET ADDRESS	1528 CANTORIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DP
NAME	DESIATO, MICHAEL A
STREET ADDRESS	1410 ROBBIA AVE
CITY-ST-ZIP	MIAMI, FL 33148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80031-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Michael Desiato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07 305-554-0753