

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M37495

1. Entity Name
GRANADA INSURANCE COMPANY



Principal Place of Business
**4075 SW 83RD AVENUE
MIAMI, FL 33155-4200**

Mailing Address
**4075 SW 83RD AVENUE
MIAMI, FL 33155-4200**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2734127

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000747574
05/17/07-80031-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARIAS, RAMON
STREET ADDRESS	7711 SW 131ST SREET
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	DP
NAME	DIAZ-PADRON, JUAN
STREET ADDRESS	1528 CANTORIA AVE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	D
NAME	FRIEDBERG, RICHARD
STREET ADDRESS	449 N PARK DR
CITY - ST - ZIP	SPARTANBURG, SC 29302
TITLE	D
NAME	HAZIM, JOSE E.
STREET ADDRESS	1525 CANTORIA AVE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	DS
NAME	DIAZ-PADRON, CARMEN
STREET ADDRESS	1410 ROBBIA AVE
CITY - ST - ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

3-5-554-0353

Daytime Phone #