

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005783

FILED
Apr 23, 2007
Secretary of State

Entity Name: FONDASYON GRANN LISON, INC.

Current Principal Place of Business:

PO BOX 552417
OPA LOCKA, FL 33055

New Principal Place of Business:

12100 NE MIAMI PL
N.MIAMI, FL 33161

Current Mailing Address:

PO BOX 552417
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-0874789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILORD, WALNEX
12100 NE MIAMI PLACE
N MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BENISTO, CELISSA
Address: 1330 NE 153ST
City-St-Zip: N.M.B, FL 33162

Title: T () Delete
Name: PHILORD, WALNEX
Address: 12100 NE MIAMI PLACE
City-St-Zip: N MIAMI, FL 33161

Title: P () Delete
Name: JOSEPH, THOMAS
Address: 1190 NW 124ST
City-St-Zip: N.MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALNEX PHILORD

T

04/23/2007

Electronic Signature of Signing Officer or Director

Date