

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005783

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** FONDASYON GRANN LISON, INC.

**Current Principal Place of Business:**

12100 NE MIAMI PL  
N.MIAMI, FL 33161

**New Principal Place of Business:**

**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  
Name: TANELUS, MIKE  
Address: 2805 NW 87 ST  
City-St-Zip: MIAMI, FL 33147

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

Title: P  
Name: BENISTE, MYRIAME  
Address: 1540 NW 134ST  
City-St-Zip: MIAMI, FL 33167

Title: VP  
Name: JOSEPH, THOMAS  
Address: 1190 NW 124ST  
City-St-Zip: N.MIAMI, FL 32837

Title: VP  
Name: ANTOINE, CARITAINE  
Address: 12625 NEWFIELD DRIVE  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: WALNEX PHILORD

T

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date