2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

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DOCUMENT # P00000107265 1. Entity Name GRANA PARMALANO CORPORATION					Sec	cretary	of State
	oe of Business DAIRY RD, STE 228 33179	Mailing Address 3993 HUNTINGDON PIKE 201 HUNTINGDON VALLEY, PA 196	006 US				1 #1161 #1 110 161 11 1 11 0
D	OO NOT WRITE	CE	02112005 4. FEI Number 65-1061	No Chg-P	CR2E034 (1	R2E034 (10/03) Applied For Not Applicable	
	6. Name and Address of Current R	egistered Agent				= -	
FILITI, ANTHONY J 3802 NE 207TH ST. TOWER #2003 AVENTURA, FL 33180					NOT W		AND THE STATE OF T
2 The above	named entity submits this statement for	the purpose of changing its register	ed office or registe	red agent, or both	in the State of Flo	rida. Lam familia	r with and accept
the obligat	tilons of registered agent.	pro purpode or ortaligning have gloter					
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, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILITI, ANTHONY 3802 NE 207TH ST. TOWER #2# AVENTURA, FL 33180	∤2003					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				······································	03/07/05-8	:53430 :0030-025	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the same of th	IN T	'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.98			And the second s		and the second s
TITLE	1						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 1

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR