

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000016744</b>						<b>Secretary of State</b>							
<b>1. Entity Name</b> GRANDE UNIT 1709, INC.													
<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131				<b>Mailing Address</b> 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131									
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01052005		Chg-P		CR2E034 (10/03)	
City & State				City & State				<b>4. FEI Number</b> 55-0827021		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>							
TRANSGLOBAL CORPORATE ADMINISTRATION,LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131						Name							
						Street Address (P.O. Box Number is Not Acceptable)							
						City				FL		Zip Code	
<b>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.</b>													
<b>SIGNATURE:</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>												<b>DATE</b> _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>						<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE		D <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		VILLAMIZAR, SONIA				NAME							
STREET ADDRESS		520 BRICKELL KEY DRIVE, SUITE 0-305				STREET ADDRESS							
CITY - ST - ZIP		MIAMI, FL 33131				CITY - ST - ZIP							
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		AS				NAME							
STREET ADDRESS		STANHAM, NICHOLAS				STREET ADDRESS							
CITY - ST - ZIP		520 BRICKELL KEY DR #305				CITY - ST - ZIP							
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS		U000000262977					
CITY - ST - ZIP						CITY - ST - ZIP		03/14/05-80078-011 150.00					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY - ST - ZIP						CITY - ST - ZIP							
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY - ST - ZIP						CITY - ST - ZIP							
<b>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.</b>													
<b>SIGNATURE:</b> _____						Nicholas Stanham 2-5-05 (305) 374-3800							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>		<small>Daytime Phone #</small>					