

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095502

1. Entity Name  
GRANADA MEDICAL INC.



Principal Place of Business  
7307 WEST FLAGLER ST.  
MIAMI, FL 33144

Mailing Address  
7307 WEST FLAGLER ST.  
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005

Chg-P

CR2E034 (10/03)

4. FEI Number  
01-0747999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLY, YASMINE  
14805 SW 97 COURT  
MIAMI, FL 33176

Name YUSUF RAJABALEE

Street Address (P.O. Box Number is Not Acceptable)

14805 SW 97CT

City Miami

FL

Zip Code 33176

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]*

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 Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAJABALEE, YUSUF  
STREET ADDRESS 801 N.W. 7 ST.  
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE  
NAME MIRIAM RAJABALEE ☐ Change ☒ Addition  
STREET ADDRESS VICE-PRESIDENT  
CITY-ST-ZIP 14805 SW 97CT MIAMI, FL 33176

TITLE SD  
NAME BALLY, YUSUF  
STREET ADDRESS 2364 NW 7 STREET  
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 800047930168  
CITY-ST-ZIP 03/08/05--01025--007 \*\*150.00 ☐ Change ☐ Addition

TITLE SD  
NAME BALLY, YASMINE  
STREET ADDRESS 7307 WEST FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

TITLE  
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 FEB 25 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*MED*

02242005

Chg-P

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02/24/05