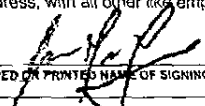


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000052514		
1. Entity Name GRANDIERY CORPORATION		
Principal Place of Business 14206 S.W. 25 TERRACE MIAMI, FL 33175 US	Mailing Address 14206 S.W. 25 TERRACE MIAMI, FL 33175 US	
DO NOT WRITE IN THIS SPACE		
		02252005 No Chg-P CR2E034 (11/05)
4. FEI Number 37-1467598		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MORENO, BERTHA M 14206 S.W. 25 TERRACE MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		DATE 03/21/06-80039-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORENO, CECILIO J 25% 14206 S.W. 25 TERRACE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORENO, NATTY J 49% 14206 S.W. 25 TERRACE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORENO, BERTHA M 26% 14206 S.W. 25 TERRACE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Cecilio J. Moreno 2/26/06 3054858120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		