


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079370					
1. Entity Name GRANCO INVESTMENT GROUP, INC.					
Principal Place of Business 11440 N KENDALL DR STE 400 MIAMI, FL 33176			Mailing Address 11440 N KENDALL DR STE 400 MIAMI, FL 33176		
2. Principal Place of Business 13154 SW 20th		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI		City & State		4. FEI Number 20-0151745	
Zip 33175		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGDALENO, JUAN J 11440 N KENDALL DR STE 400 MIAMI, FL 33176			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAGDALENO, JUAN J 11440 N KENDALL DR STE 400 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700035821717 05/10/04--01078--014 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			4/26/04 305-975-6008		
Signature, typed or printed name of signing officer or director			Date Daytime Phone #		

FILED

04 APR 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FL



04262004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable