

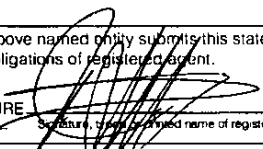



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000079370</b>						<b>FILED</b> <b>07 MAY -1 PM 4: 07</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
<b>1. Entity Name</b> GRANCO INVESTMENT GROUP, INC.				<b>Principal Place of Business</b> 13154 SW 20 TERR MIAMI, FL 33175				<b>Mailing Address</b> 13154 SW 20 TERR MIAMI, FL 33175	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.				04302007    Chg-P    CR2E034 (12/06)    07	
<b>City &amp; State</b>				<b>City &amp; State</b>				<b>4. FEI Number</b> 20-0151745	
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>		<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> MAGDALENO, JUAN J 13154 SW 20 TERR MIAMI, FL 33175						<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> MAGDALENO, JUAN J 11440 N KENDALL DR STE 400 MIAMI, FL 33176				<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ADDRESS ONLY 13154 SW 20 TERR MIAMI, FL 33175		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>									
<b>SIGNATURE:</b> 									
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #									