

**2005 FOR PROFIT CORPORATION ANNUAL REPORT.**


4/18

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90315 001 \*\*\*100.00  
 05-16-2005 90204 006 \*\*\*\*58.75

**DOCUMENT # P03000152837**

1. Entity Name  
**GRANADA ENTERPRISES, INC.**



Principal Place of Business  
**260 CRANDON BLVD, #32-PMB 77  
 KEY BISCAYNE, FL 33149**

Mailing Address  
**260 CRANDON BLVD, #32-PMB 77  
 KEY BISCAYNE, FL 33149**

**50052745-**



2. Principal Place of Business  
**260 CRANDON BLVD. #32-PMB 77**

3. Mailing Address  
**260 CRANDON BLVD. #32-PMB 77**

Suite, Apt. #, etc.  
**32 - PMB 77**

City & State  
**Key Biscayne FL**

Zip  
**33149**

Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0768813**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ-EGUREN, FEDERICO**  
**12800 SW 184 TERRACE**  
**MIAMI, FL 33146**

7. Name and Address of New Registered Agent

Name  
**Danitza Antich**

Street Address (P.O. Box Number is Not Acceptable)  
**260 CRANDON BLVD.**

City  
**Key Biscayne**

State  
**FL**

Zip Code  
**33149**

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]* DATE **4/13/05**

(NOTE: Registered Agent signature required when resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	PS ANTICH, DANITZA 260 CRANDON BLVD, #32-PMB 77 KEY BISCAYNE, FL 33149	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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, 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 empowerment.

SIGNATURE *[Signature]* DATE **4/13/05** PHONE # **(305) 322-6984**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR