

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000010170

1. Entity Name
GARANVIC CORPORATION



**FILED
Apr 20, 2006 8:00 am
Secretary of State**

04-20-2006 90209 039 ***150.00

Principal Place of Business
12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33403-6

Mailing Address

12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33436

2. Principal Place of Business
1391 N. Killian Drive

Suite, Apt. #, etc.
SUITE B-1

City & State
LAKE PARK, FL

Zip 33403

Country *PAcM Bch*

3. Mailing Address
1391 N. Killian Drive

Suite, Apt. #, etc.
SUITE B-1

City & State
LAKE PARK, FL

Zip 33403

Country *PAcM Bch*

6. Name and Address of Current Registered Agent

~~ROSE, VICKI ANN
12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33436~~

4. FEI Number
90-0134940

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name *VICKI ANN ROSE*

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

1391 N. Killian Drive

SUITE B-1

City *LAKE PARK* FL Zip Code *33403*

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 *Vicki Ann Rose*

4-17-06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROSE, VICKI ANN
STREET ADDRESS 12966 HAMPTON LAKES CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME ROSE, VICKI ANN
STREET ADDRESS 1391 N. Killian Drive, SUITE B-1
CITY-ST-ZIP LAKE PARK, FL 33403

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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.

Vicki Ann Rose

4-17-06 561-317-6400

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #