

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000045053

1. Entity Name
INVERSIONES GRANTON INC.



Principal Place of Business

20201 N.E. 29 CT.
APT D-110
AVENTURA, FL 33180

Mailing Address

3225 JOHNSON STREET
HOLLYWOOD, FL 33021



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GUANIRA, NORMA G
20201 N.E. 29 C.T.
NO. D-110
AVENTURA, FL 33180

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	GRANTON, MILAGROS
STREET ADDRESS	3225 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	V
NAME	GRANTON, NORMA
STREET ADDRESS	3225 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	T
NAME	GUANIRA, NORMA
STREET ADDRESS	3225 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	S
NAME	CHAMOCHUMBI, ROSA
STREET ADDRESS	3225 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80059-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2008

Date

Daytime Phone #