

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045053

FILED
Mar 29, 2009
Secretary of State

Entity Name: INVERSIONES GRANTHON INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3225 JOHNSON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

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

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUANIRA, NORMA G
20201 N.E. 29 C.T.
APT D-110
AVENTURA, FL 33180 US

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.

SIGNATURE:

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRANTHON, MILAGROS
Address: 3225 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: V () Delete
Name: GRANTHON, NORMA
Address: 3225 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: GUANIRA, NORMA
Address: 3225 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: CHAMOCHUMBI, ROSA
Address: 3225 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANTHON, MILAGROS
Address: 20201 N.E. 29 CT.
City-St-Zip: AVENTURA, FL 33180

Title: V (X) Change () Addition
Name: GRANTHON, NORMA
Address: 20201 N.E. 29 CT.
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change () Addition
Name: GUANIRA, NORMA
Address: 20201 N.E. 29 CT.
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Change () Addition
Name: CHAMOCHUMBI, ROSA
Address: 20201 N.E. 29 CT.
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NGG

NGG

03/29/2009

Electronic Signature of Signing Officer or Director

Date