2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
04-24-2006 90346 034 ***158.75

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1. Entity Name
GRAN VIA GP, INC.

Principal Place of Business	Mailing Address
7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155	7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2333161 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name DE PEDRO GONZALEZ, MARIA N.
Street Address (P.O. Box Number Is Not Acceptable)
7483 SW 24 St, SUITE 209
City MIAMI FL Zip Code 33155

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] Executive Director 4-22-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFFIE, ALBEN 6013 NW 7TH AVENUE 2ND FLOOR MIAMI, FL 33127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD DUFFIE, ALBEN 6013 NW 7TH AVE, 2ND FLOOR MIAMI, FL 33127 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLER, ALLEN D 201 ALHAMBRA CIRCLE SUITE 602 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 STREET AC1-234 NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORRIS-WEEKS, BURNADETTE 100 SE 6TH STREET FT. LAUDERDALE, FL 33301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEMOND, DANIEL A 18804 NW 79TH WAY HIALEAH, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, KEITH A. 100 SE 3rd AVENUE FT. LAUDERDALE, FL 33394 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, KEITH A 6541 SW 4TH STREET PEMBROKE PINES, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABAD, MAGALI R 2430 SW 18TH STREET MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] 4-22-06 305-267-3625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Executive Director