


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90429 028 ***158.75

DOCUMENT # P05000019554 1. Entity Name GRAN VIA GP, INC.					
Principal Place of Business 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155			Mailing Address 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DE PEDRO GONZALEZ I HARIA N 7483 SW 24TH ST STE 209 MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Bierman, Mitchell Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd Suite 700 City Miami FL Zip Code 33134	
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 <u><i>[Signature]</i></u> DATE 04/27/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCD DUFFIE, ALBEN 6013 NW 7TH AVE 2ND FL MIAMI, FL 33127		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, ALLEN D 201 ALHAMBRA CIRCLE SUITE 602 CORAL GABLES, FL 33134		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 STREET AC1-234 NORTH MIAMI, FL 33181		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAGALI R 2430 SW 18TH STREET MIAMI, FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/27/2007 3052673624 <small>Date Daytime Phone #</small>		

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4. FEI Number 20-2333161 Applied For Not Applicable

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