

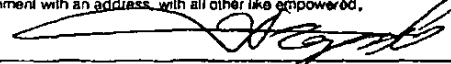
AMENDED
2008 FOR PROFIT CORPORATION
ANNUAL REPORT

02-11-2008 90038 048 ***150.00
P06000133567

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000133567			
1. Entity Name GRANDE BANANA, INC.			
Principal Place of Business 1401 BRICKELL AVE #150 MIAMI, FL 33131		Mailing Address 1401 BRICKELL AVE #150 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 6830 NW 77 CT		3. Mailing Address 6830 NW 77 Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country	Zip 33166	Country
4. FEI Number 20-5948349		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARJARD, ALVARO 6039 COLLINS AVE #633 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date if applicable. (NOTE: Registered Agent signature required when releasing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D / PRESIDENT	NAME FARJARD, ALVARO	TITLE VP	NAME Fajardo Ana
STREET ADDRESS 6039 COLLINS AVE #633	CITY- ST- ZIP MIAMI BEACH, FL 33140	STREET ADDRESS 3429 SW 1 Avenue	CITY- ST- ZIP Miami, Fl
TITLE D	NAME CANAL, CARLOS	TITLE	NAME
STREET ADDRESS 2845 NW 13TH ST	CITY- ST- ZIP MIAMI, FL 33125	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
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STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
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: 		Date 2/5/08 Daytime Phone # 786-845-9223	