# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P07000075181

**Entity Name:** GRAND HEALTH CAREERS INTERNATIONAL , INC.

**Current Principal Place of Business:**

9 ISLAND AVENUE
801
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 398658
MIAMI BEACH, FL 33239 US

**New Mailing Address:**

**FEI Number: 26-0446682** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRAND, BELEN L
9 ISLAND AVENUE
801
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: ______________________________

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GRAND, BELEN L
Address: 9 ISLAND AVENUE, #801
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: GRAND, ROBERT A
Address: 9 ISLAND AVENUE, #801
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BELEN L GRAND PD 01/16/2008

Electronic Signature of Signing Officer or Director Date