


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 044 ***550.00

DOCUMENT # P93000045138	
1. Entity Name GRANADA ARTS, INC.	

Principal Place of Business 90 N BEACH ST ORMOND BEACH, FL 32174	Mailing Address 90 N BEACH ST ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE

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07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3191105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, MARYROSE 90 N BEACH ST ORMOND BEACH, FL 32174
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**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARYROSE 90 N BEACH ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, SUZANNE B 12 TWELVE OAKS TRAIL ORMOND BEACH, FL 32174
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Suzanne B Thompson* 7/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #