

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 022 \*\*\*150.00

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # P95000008127</b><br>1. Entity Name<br><b>GRAND FUTURA PROPERTIES INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>9316 COLLINS AVENUE<br/>SURFSIDE, FL 33154</b>   |  |  | Mailing Address<br><b>9316 COLLINS AVENUE<br/>SURFSIDE, FL 33154</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                            |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  |  | Country  |  | 4. FEI Number<br><b>65-0562524</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KONDLA, RICHARD F<br/>9555 KENDALL DRIVE<br/>STE 201<br/>MIAMI, FL 33176</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Nunez, Rodolfo Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>100 Almeria Ave</b><br><b>Ste 340</b><br>City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |  | DATE <b>3/28/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>ORTIZ, HECTOR P</b><br><b>8105 WEST 20TH AVENUE</b><br><b>HIALEAH, FL 33014</b> | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>ORTIZ, LINDA</b><br><b>8105 WEST 20TH AVENUE</b><br><b>HIALEAH, FL 33014</b>    | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  | DATE <b>3/15/06</b><br><small>Daytime Phone #</small>  |  |