
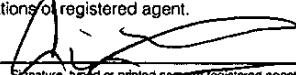


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90361 007 ***150.00

DOCUMENT # P98000087202					
1. Entity Name GRAND INVESTMENTS CORPORATION					
Principal Place of Business 246 NW 71 AVE MIAMI, FL 33126		Mailing Address 246 NW 71 AVE MIAMI, FL 33126			
2. Principal Place of Business 3135 SW 148 Ave. Suite, Apt. #, etc.		3. Mailing Address 3135 SW 148 Ave. Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0873249	
Zip 33185		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORLOTE, LUIS M 4228 SW 97TH CT MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Morlote, Luis M. Street Address (P.O. Box Number is Not Acceptable) 3135 SW 148 Ave. City Miami FL Zip Code 33185		
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 				DATE 4/12/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD MORLOTE, LUIS M 4228 S.W. 97TH COURT MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3135 SW 148 Ave. Miami, FL 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 				DATE 4/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

400000



04102006 Chg-P CR2E034 (11/05)