## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V37500

SAIEH, CARLOS

MIAMI, FL 33126

780 NW LE JENNE RD #516

Name:

Address:

City-St-Zip:

Entity Name: GRANADA ASSOCIATES INC

FILED Mar 09, 2005 Secretary of State

y		5/1/100001/1120, 1140.		
Current Principal Place of Business:			New Principal Place of Business:	
780 NW L MIAMI, FL	EJENNE RD # 33126	<del>‡</del> 516		
Current Mailing Address:			New Mailing Address:	
780 NW L MIAMI, FL	EJENNE RD # 33126	<del>#</del> 516		
FEI Number	: 65-0336843	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:
	ANTONIO EJENNE RD # 33126 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JASSIR, LUIS	ENNE RD #516	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	JASSIR, ABDA	ENNE RD #516	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MUVDI, MOIS	ENNE RD #516	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	DVT (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JASSIR, LUIS SAIEH DP 03/09/2005