

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000116797  
 1. Entity Name  
**BOLDEN GRAND PROPERTIES CORPORATION**



Principal Place of Business 19200 NW 11 AVE MIAMI, FL 33169	Mailing Address 19200 NW 11 AVE MIAMI, FL 33169
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**DO NOT WRITE IN THIS SPACE**



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0490383	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOLDEN, GARY J**  
 19200 NW 11TH AVE  
 MIAMI, FL 33169

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLDEN, GARY
STREET ADDRESS	19200 NW 11 AVE
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	D
NAME	BOLDEN, FRANCINA
STREET ADDRESS	19200 NW 11 AVE
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/24/07-80001-010 150.00

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: Francina Bolden 7/12/07 Date 786-202-8382 Daytime Phone \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR