

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-05-2004 90254 032 ***150.00

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DOCUMENT # P02000135366			
1. Entity Name 350 LAS OLAS PLACE REALTY, INC.			
Principal Place of Business 2780 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306		Mailing Address 2780 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 945 EAST LAS OLAS BLVD		3. Mailing Address 945 EAST LAS OLAS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33301		Zip 33301	
Country		Country	
4. FEI Number 41-2073920		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 WORLDWIDE CORPORATE SERVICES, INC. 2780 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PRESIDENT PAUL MCRAE 945 EAST LAS OLAS BLVD FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 6/30/04 Daytime Phone #: 954-229-2272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			