


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90273 030 ***150.00

DOCUMENT # P99000080125

1. Entity Name
LAS OLAS GRAND DEVELOPMENT CORP.



Principal Place of Business
**3250 OLEANDER WAY
 POMPAÑO BEACH, FL 33062**

Mailing Address
**2720 E. OAKLAND PARK BLVD
 SUITE #106
 FORT LAUDERDALE, FL 33306 US**

2. Principal Place of Business
2720 E. Oakland PK Blvd

3. Mailing Address
 Suite, Apt. #, etc.
Suite #106

City & State
Fort Lauderdale, FL

City & State
 City & State
Fort Lauderdale, FL

Zip
33306

Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0951061

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

**COHADE, JEAN E
 3250 OLEANDER WAY
 POMPAÑO BEACH, FL 33062**

7. Name and Address of New Registered Agent

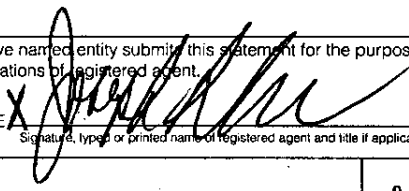
Name: **Joseph Dobos**

Street Address (P.O. Box Number is Not Acceptable)
2720 E. Oakland Park Boulevard

Suite #106

City **Fort Lauderdale FL** Zip Code **33306**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **4-1-04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

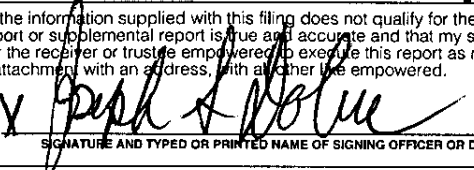
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COHADE, JEAN	
STREET ADDRESS	3250 OLEANDER WAY	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOBOS, JOSEPH	
STREET ADDRESS	2720 E OAK LAND PK SUITE 109	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2720 E Oakland Park Blvd #106	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE:  DATE: **4-1-04** DAYTIME PHONE #: **954-562-0339**