

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90213 009 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # 601378					
1. Entity Name GRAND & GRAND, P.A.					
Principal Place of Business 4010 SHERIDAN ST HOLLYWOOD, FL 33021		Mailing Address 4010 SHERIDAN ST HOLLYWOOD, FL 33021			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1269801	Applied For Not Applicable
6. Name and Address of Current Registered Agent GRAND, LEONARD 4010 SHERIDAN ST HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: GRAND, MARKS, ESQ. Street Address (P.O. Box Number is Not Acceptable): 4010 Sheridan St. City: Hollywood FL Zip Code: 33021		
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: <i>Mark S. Grand</i>		DATE: 1/8/07			
Signature of agent or trustee of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAND, LEONARD		NAME		
STREET ADDRESS	2110 N OCEAN BLVD # 1803		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAND, MARK S		NAME		
STREET ADDRESS	4010 SHERIDAN ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Leonard Grand</i>		DATE: 1/8/07		Daytime Phone #: (954) 989-2889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	