


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 017 ***150.00

DOCUMENT # 625207	
1. Entity Name LAS OLAS RESORTS, INC.	

Principal Place of Business 5100 OCEAN BEACH BLVD. COCOA BEACH FL 32931	Mailing Address 5100 OCEAN BEACH BLVD. COCOA BEACH FL 32931
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-1930324	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
MATEY, THOMAS W. 6318 DONEGAL DR. ORLANDO FL 32811	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GETTEL, JOHN L		NAME	
STREET ADDRESS 656 SMOKERISE BLVD		STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGAS, JOHN L		NAME	
STREET ADDRESS OCEAN BLVD		STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA FL		CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATEY, THOMAS W		NAME	
STREET ADDRESS 6318 DONEGAL DRIVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 00000		CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATEY, VIOLET A.		NAME	
STREET ADDRESS 5100 OCEAN BEACH BLVD		STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, MATTHEW		NAME	
STREET ADDRESS 325 CATHEDRAL OAKES DR		STREET ADDRESS	
CITY-ST-ZIP VERO BEACH, FL 00000		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<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 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: T.W. MATEY T.W. MATEY 4-16-04 321-784-2706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #