

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90200 040 ***150.00

DOCUMENT # 857261

1. Entity Name
GRANDY'S, INC.



Principal Place of Business
**450 NEWPORT CTR. DR.
SUITE 600
NEWPORT BEACH, CA 92660**

Mailing Address
**997 GRANDYS LANE
LEWISVILLE, TX 75067 US**



2. Principal Place of Business
18500 Von Karman Ave.

3. Mailing Address
997 Grandy's Lane

04202004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
380

Suite, Apt. #, etc.

City & State
Irvine CA.

City & State
Lewisville, TX

4. FEI Number
94-2896657

Applied For
Not Applicable

Zip
92612 Country
USA

Zip
75077 Country
USA

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**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 NAME	CD SOLIMAN, ANWAR S.	<input type="checkbox"/> Delete
STREET ADDRESS	450 NEWPORT CTR. DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH, CA	
TITLE NAME	T DI LILLO, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	450 NEWPORT CTR. DR. 6 FL	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P.V. S.C.D. Anwar Soliman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18500 Von Karman Ave. Ste 380	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 949-225-

Date

Daytime Phone #

5460