

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # P0000095306  
 1. Entity Name  
 GRL PROPERTIES, INC.



Principal Place of Business      Mailing Address  
 1523 SOUTHWEST 21ST AVENUE      1523 SOUTHWEST 21ST AVENUE  
 FORT LAUDERDALE, FL 33312      FORT LAUDERDALE, FL 33312



01042005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1047764      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CHAPMAN, LAURIE A  
 1523 SW 21ST AVE.  
 FORT LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

1101000172205  
 01/11/05-80027-014 1501.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>ENGEL, GARY R<br>1523 SOUTHWEST 21ST AVENUE<br>FORT LAUDERDALE, FL 33312      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VD<br>ENGEL, ROBERT A<br>1523 SOUTHWEST 21ST AVENUE<br>FORT LAUDERDALE, FL 33312    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | STD<br>CHAPMAN, LAURIE A<br>1523 SOUTHWEST 21ST AVENUE<br>FORT LAUDERDALE, FL 33312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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]      GARY R. ENGEL, PRES.      1/10/05      954-583-1109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #