2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

FILED Jan 22, 2007 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | | | |
|---|---|--|--|--|--|--|--|
| DOCUMENT # P0000095306 1. Entity Name GRL PROPERTIES, INC. | | | | | | | |
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Principal Place of Business

Mailing Address

1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312

1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312



CR2E034 (11/05)

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.

DO NOT WRITE

| FORT LAUDERDALE, FL 33312 | | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ENGEL, GARY R 1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312 | | | | U00000597822 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ENGEL, ROBERT A 1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312 | | | | 000000597822 01/24/07-80052-001 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP | STD CHAPMAN, LAURIE A 1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby of | certify that the information supplied with this fill on this report or supplemental report is true a | ling does not qualify for the exe | emptions co | ntained in Chapter 119 | 9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director | |

wholeaded on this report of supplemental report is true and accurate and that my signature shall have the same regal effect as it made under oath; that I am an officer or diffector 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.

415/2007

954-583-1109

Daytime Phone #