## 2004 FOR PROFIT CORPORATION

## **FILED** - Apr 16, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P01000080497** GRAND DEVELOPERS HOLDING CORP. Principal Place of Business Mailing Address 1101 BRICKELL AVE 1101 BRICKELL AVE SUITE 400-SOUTH TOWER SUITE 400-SOUTH TOWER MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (10/03) 04132004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3109368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. DO NOT WRITE 25 SE 2ND AVENUE SUITE 900 MIAMI, FL 33131 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, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 1000000116052 716/04-80048-024 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ORTEGA, LUIS A 1101 BRICKELL AVE - SUITE 400 S STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33131 TITLE NAME ORTEGA, JORGE STREET ADDRESS 1101 BRICKELL AVE - SUITE 400 S CITY-ST-ZIP MIAMI, FL 33131 राह्य ह ORTEGA-ANDRADE, JORGE 1101 BRICKELL AVE - SUITE 400 S STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33131 IN THIS SPACE TITLE MANE STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS

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 a receive 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 when the empowered

SIGNATURE:

CARY-ST- 74P TITLE MAINE STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR