


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000080497 1. Entity Name GRAND DEVELOPERS HOLDING CORP.	
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Principal Place of Business
**1101 BRICKELL AVE
SUITE 400-SOUTH TOWER
MIAMI, FL 33131**

Mailing Address
**1101 BRICKELL AVE
SUITE 400-SOUTH TOWER
MIAMI, FL 33131**



DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3109368	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
25 SE 2ND AVENUE SUITE 900
MIAMI, FL 33131**

**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 _____

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, 2005 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 STREET ADDRESS CITY-ST-ZIP	D ORTEGA, LUIS A 1101 BRICKELL AVE - SUITE 400 S MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, JORGE 1101 BRICKELL AVE - SUITE 400 S MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA-ANDRADE, JORGE 1101 BRICKELL AVE - SUITE 400 S MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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04/28/05-80140-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #