

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 004 ***150.00

DOCUMENT # P02000020563 1. Entity Name GRAND LAKES DEVELOPMENT CORP.			
Principal Place of Business 10300 NW 121ST WAY MEDLEY, FL 33178		Mailing Address 10300 NW 121ST WAY MEDLEY, FL 33178	
2. Principal Place of Business - No P.O. Box # 5835 BLUE LAGOON DR		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State F	
Zip 2036 Country USA		Zip 33126 Country USA	
4. FEI Number 01-0622178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMAS, JOSE A 10300 N.W. 121 STREET WAY MEDLEY, FL 33178		7. Name and Address of New Registered Agent Name DAVID L FLINN Street Address (P.O. Box Number is Not Acceptable) 5835 BLUE LAGOON DR SUITE 100 City MIAMI FL Zip Code 33126-2036	
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 SECRETARY/DIRECTOR DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMAS, JOSE A 10300 NW 121ST WAY MEDLEY, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126-2036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOSE, LAMAS B 10300 NW 121ST WAY MEDLEY, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126-2036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FLINN, DAVID L 10300 NW 121ST WAY MEDLEY, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126-2036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.			
SIGNATURE: DAVID L FLINN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/8/08 305 262 4010 <small>Date Daytime Phone #</small>	