

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 009 ***150.00

DOCUMENT # P02000031807

1. Entity Name
THE GRAND OF CORAL RIDGE, INC.



Principal Place of Business

**1437 E ATLANTIC BLVD
#12
POMPANO BEACH, FL 33060**

Mailing Address

**1437 E ATLANTIC BLVD
#12
POMPANO BEACH, FL 33060**

94073034



2. Principal Place of Business

1937 E Atlantic Blvd.

Suite, Apt. #, etc.

#12

City & State
Pompano Beach, FL

Zip

33060

Country

USA

3. Mailing Address

1937 E Atlantic Blvd.

Suite, Apt. #, etc.

#12

City & State
Pompano Beach, FL

Zip

33060

Country

USA

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3635319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAGNER ROSEN, EVE
333 NE 2 ST STE 101
FT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

James M. Beeson, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1937 E Atlantic Blvd. Ste. 12

City

Pompano Beach

FL

Zip Code

33060

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

26 Apr 04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **AGADI, CHAIM**
STREET ADDRESS **1937 E ATLANTIC BLVD #12**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **DVP** ☐ Delete
NAME **BEESON, JAMES H JR.**
STREET ADDRESS **1937 E ATLANTIC BLVD #12**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Abadi, Chaim**
STREET ADDRESS **1937 E Atlantic Blvd. #12**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **DVP** ☒ Change ☐ Addition
NAME **Beeson, James M Jr.**
STREET ADDRESS **1937 E Atlantic Blvd. #12**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Chaim Abadi

26 Apr 04

954 946-4007

Date

Daytime Phone #