

**5 FOR PROFIT CORPORATION
ANNUAL REPORT**

ENT # P03000055699

LAS OLAS, INC.



Place of Business

LAS OLAS BLVD
FT LAUDERDALE, FL 33301

Mailing Address

1109 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301

FILED
Apr 26, 2005 08:00 AM
Secretary of State



04172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2364988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, NORMAN E ESQ.
LAW OFFICES OF NORMAN ELLIOTT KENT, P.A.
800 E BROWARD BLVD, STE 310
FT LAUDERDALE, FL 33301

**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 reappointing)

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	P STORK, JAMES 2148 NE 25TH ST. WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANSIN, RON 2148 NE 25TH ST. WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/05-80014-021 150.00

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IN THIS SPACE**

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

4/19/05 954.567.5220
Date Daytime Phone #