


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055699		
1. Entity Name STORK'S LAS OLAS, INC.		

FILED

07 MAY 17 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1109 E LAS OLAS BLVD FT LAUDERDALE, FL 33301	Mailing Address 1109 E LAS OLAS BLVD FT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152007 Chg-P CR2E034 (12/06) 07

4. FEI Number 56-2364988		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 KENT, NORMAN E ESQ. LAW OFFICES OF NORMAN ELLIOTT KENT, P.A. 800 E BROWARD BLVD, STE 310 FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORK, JAMES 2148 NE 25TH ST. WILTON MANORS, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200103529362 05/30/07--01032--010 **\$500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANSIN, RON 2148 NE 25TH ST. WILTON MANORS, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered. JAMES STORK

SIGNATURE: James Stork 3.20.07 954 815-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #