


FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 010 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000074256			
1. Entity Name PROPERTY AT 5 HARGROVE GRADE INC.			
Principal Place of Business 1165 NORTH SHORE DRIVE MIAMI BEACH, FL 33141		Mailing Address 1165 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	
2. Principal Place of Business 1440 KENNEDY CAUSEWAY		3. Mailing Address 1440 KENNEDY CAUSEWAY	
Suite, Apt. #, etc. SUITE 429		Suite, Apt. #, etc. SUITE 429	
City & State NORTH BAY VILLAGE FL		City & State NORTH BAY VILLAGE FL	
Zip 33141	Country	Zip 33141	Country US
6. Name and Address of Current Registered Agent NATELSON, ANDREW G 412 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136		4. FEI Number 20 2399411	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PRESIDENT MOISE N HAMAOU 4545 N JEFFERSON AVENUE MIAMI BEACH FL 32140 <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
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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 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: <i>X Moise Hamaoui</i> MOISE HAMAOU		Date: <i>March 2, 05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50023641



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