## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P94000026929

1. Entity Name
OLIVER GRAND, INC.



Principal Place of Business

2101 WEST COMMERCIAL BOULEVARD SUITE 4100

FT. LAUDERDALE, FL 33309

Mailing Address

2101 WEST COMMERCIAL BOULEVARD SUITE 4100

FT. LAUDERDALE, FL 33309

## FILED Jan 16, 2004\_08:00 AM Secretary of State



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CR2E034 (10/03)

4.	FEI Number
	65-0479857

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Æ	Name e	ad A	ddrage	of Current	t Recisterect	Acren

ROBERT S. FORMAN ESQ. 2101 W. COMMERCIAL SUITE 4100 FT.LAUDERDALE, FL 33309

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	named entity submits this statement for the $\mathfrak p$ lions of registered agent.	ourpose of changing its registe	red office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registe	red Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution	- <del>- +0100</del>	
10.	OFFICERS AND DIREC	CTORS		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KOCH, HARALD 2101 WEST COMMERCIAL BOULEV/ FT. LAUDERDALE, FL 33309	ARD SUITE 4100		U00000006335
TITLE NAME STREET ADDRESS CITY-ST-ZIP				01/16/04-80032-006 150.00
title Name Street address City-St-Zip			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS C/TY-ST-ZIP				
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fi on this report or supplemental report is rule poration or the rebeing or trustee empowere or on an attachinely with engaddress, with at	ling does not qualify for the ex and accurate and that my sign d to execute this report as req to ther like empowered.	emption stated in Section 119.07(3)( ature shall have the same legal effec- ulred by Chapter 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or directorse, and that my name appears in Block 10 or Block 11 if

AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR