

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 011 \*\*\*150.00

<b>DOCUMENT # P94000026929</b> 1. Entity Name <b>OLIVER GRAND, INC.</b>					
Principal Place of Business <b>2101 WEST COMMERCIAL BOULEVARD SUITE 4100 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>2101 WEST COMMERCIAL BOULEVARD SUITE 4100 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>2101 W Commercial Blvd</b> Suite, Apt. #, etc. <b>Suite 2800</b> City & State <b>Ft Lauderdale, FL</b>			3. Mailing Address <b>2101 W Commercial Blvd</b> Suite, Apt. #, etc. <b>Suite 2800</b> City & State <b>Ft Lauderdale, FL</b>		
Zip <b>33309</b>		Country <b>US</b>		4. FEI Number <b>65-0479857</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>ROBERT S. FORMAN ESQ. 2101 W. COMMERCIAL SUITE 4100 FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>Robert S. Forman, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 W Commercial Boulevard</b> Suite 2800 City <b>Fort Lauderdale</b>		
Signature, typed or printed name of registered agent and title if applicable.			DATE		
SIGNATURE: <b>ROBERT S. FORMAN</b>			<b>2/28/05</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>DPST</b>	<input type="checkbox"/> Delete		TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KOCH, HARALD</b>			NAME <b>Koch, Harald</b>		
STREET ADDRESS <b>2101 WEST COMMERCIAL BOULEVARD SUITE 4100</b>			STREET ADDRESS <b>2101 West Commercial Boulevard, #2800</b>		
CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33309</b>			CITY-ST-ZIP <b>Ft Lauderdale, FL 33309</b>		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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: <b>HARALD KOCH</b> BY: <b>ATTY IN FACT</b>			Date: <b>2/28/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>954-735-0000</b>		

**50022340**



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