


\$150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000076859	
1. Entity Name THE LAS OLAS GROUP, INC.	
	
Principal Place of Business 7601 N FED HWY STE 230A BOCA RATON, FL 33487 US	Mailing Address 1314 E. LAS OLAS BLVD. SUITE 333 FT. LAUDERDALE, FL 33301 US

FILED
05 APR 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0516229	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

ROGERS, WILLIAM M.
858 SW 11TH ST.
FT. LAUDERDALE, FL 33315

**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 reinstating)

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 ROGER, WILLIAM M 858 SW 11TH ST FT. LAUDERDALE, FL 33315
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04/26/05--01010--006 **500.00

**DO NOT WRITE
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

5/29/05 954-524-7625
Date Daytime Phone #