


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90262 022 \*\*\*158.75

<b>DOCUMENT # P94000076859</b>	
1. Entity Name <b>THE LAS OLAS GROUP, INC.</b>	

Principal Place of Business <b>3020 RAVEN RD 26 FORT LAUDERDALE, FL 33312 US</b>	Mailing Address <b>1314 E. LAS OLAS BLVD. SUITE 333 FT. LAUDERDALE, FL 33301 US</b>
---	--

2. Principal Place of Business - No P.O. Box # <b>3020 Ravenswood Rd</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <b># 3C</b>	Suite, Apt. #, etc.
City & State <b>DANIA Beach, FL</b>	City & State
Zip <b>33312</b>	Country <b>US</b>

40011300



01112007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0516229</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

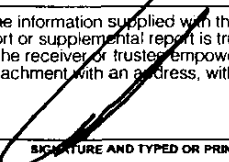
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>ROGERS, WILLIAM M. 858 SW 11TH ST. FT. LAUDERDALE, FL 33315</b>	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>P ROGER, WILLIAM M 858 SW 11TH ST FT. LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROGER, WILLIAM M 858 SW 11TH ST FT. LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROGER, WILLIAM M 858 SW 11TH ST FT. LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																									
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"/> Change <input type="checkbox"/> Addition																									
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"/> Change <input type="checkbox"/> Addition																									
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"/> 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.	
<b>SIGNATURE:</b> 	Date <b>4/15/07</b> Daytime Phone #