


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90006 034 \*\*\*150.00

**DOCUMENT # P95000071087**

1. Entity Name  
**LAS OLAS RESTAURANT CORP.**



Principal Place of Business      Mailing Address

**450 EAST LAS OLAS BOULEVARD**      **450 EAST LAS OLAS BOULEVARD**  
**FORT LAUDERDALE, FL 33301 US**      **FORT LAUDERDALE, FL 33301 US**

**DO NOT WRITE IN THIS SPACE**



07122004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>65-0644930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FEDER, LAWRENCE H**  
**2450 HOLLYWOOD BOULEVARD**  
**SUITE 401**  
**HOLLYWOOD, FL 33020**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	PD <b>JACKSON, LEON</b> <b>315 S.E. 15 AVENUE</b> <b>FORT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** 

**7.14.04**      **954 817.8236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment



54065717  
# 895000071087

July 12, 2004

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

To Whom It May Concern:

Please waive the \$400 late fee for Las Olas Restaurant Corp. Annual Report. The report was filed with \$150 check dated 3/25/04, check number 21120. Enclosed is a replacement check in the amount of \$150 since the original check has not cleared our bank.

I have also attached a transaction history report showing payment by the original check for your records.

Sincerely,

A handwritten signature in cursive script that reads "Polly Burton".

Polly Burton  
Comptroller  
Las Olas Restaurant Corp.

Attachment

54065717  
~~# P9500071087~~

Page: 1 JACKSON'S STEAKHOUSE  
07/12/2004 - 02:04 pm Transaction History For Vendor

=====  
Vendor: FLDEP Telephone:  
FLORIDA DEPT. OF STATE Current Balance: 0.00  
DIV. OF CORPORATIONS YTD Balance: 0.00  
PO BOX 6198  
TALLAHASSEE FL 32314  
=====

=====  
Inv. Date Invoice # Description Amount Tran Date Balance Yr/Pd  
=====  
01/12/2004 65-0644930 INVOICE 150.00 01/13/2004 150.00 04/01  
CK# 21120 150.00- 03/25/2004 0.00 04/05  
=====

=====  
Invoice  
\*\* - Open Invoice(s) Total: 150.00 Balance: 0.00  
=====