

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P95000071087

1. Entity Name
LAS OLAS RESTAURANT CORP.



Principal Place of Business
**450 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301 US**

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

FILED

07 JUL 30 PM 3:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0644930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

**900107463619
08/07/07--01051--003 **150.00**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

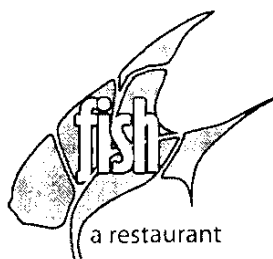
7.21.07

Date

954-817-8236

Daytime Phone #

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Mr. Tyrone Scott
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Scott,

Per our conversation, we had filed these annual reports prior to the May 1st deadline, so please waive the \$400 late fee. Enclosed are annual reports and payments for Las Olas Restaurant Corp. and Portside Restaurant Corp.

Thank you.

A handwritten signature in black ink, appearing to read "Polly Burton", with a long horizontal flourish extending to the right.

Polly Burton
Comptroller
(954) 636-4108