

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # P97000105775**

1. Entity Name

FRED'S GRAND CENTRAL STATION, INC.



**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address					
5229 N DIXIE HWY POMPANO BEACH FL 33064 US		5229 N DIXIE HWY POMPANO BEACH FL 33064 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MEROLA, JAMES R 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL	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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$350.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELL, FRED				NAME		
STREET ADDRESS	5229 W. DIXIE HWY				STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064				CITY-ST-ZIP		
TITLE	S			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELL, CELIA				NAME		
STREET ADDRESS	5229 N. DIXIE HWY				STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064				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		
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 exemptions contained in Section 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:** *James R. Connell*

STATEMENT OF ANNUAL REPORT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/06 501-6041-5880*