2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)				red 04, 2004 8:00 am	
DOCUMENT # P99000684227				Secretary of State	
1. Entity Name				02-04-2004 90076 022 ***150.00	
FLORIDA GRAND HOMES CORP. DIS/A KEN / LOVEN DESIGNS					
		CIT DO CIT SEE	WP COLUMN		
Principal Place of Business Mailing Address 2712 CYPRESS MANOR 2712 CYPRESS MANOR			B	#4001010	
WESTON FL		WESTON FL 33332			
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State	*	4. FEI Number 65-0949913 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
Name				والمنافذة المراجعة المدين بالراء المراجعين ميل يتنتهم والمتيا المحاطبين المستهرية بالماريات	
WIENER, MARVIN I 2121 PONCE DE LEON BLVD SUITE 900			Street Addres	ss (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134				
			City	FL Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	tions of registered agent.			•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent signature req	quired when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be	
	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department			Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	#1289999999	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	GOLEN, KENNETH 2712 CYPRESS MANOR		NAME STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33332		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	gar gar an	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		
City-St-Zip		·	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	1	Doloto	TITLE	Change C Addition	

12. I hereby certify that the information supplied with this filing does not qualify or 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR