


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90041 041 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # S81985</b>                          |  |
| 1. Entity Name<br>LAUREL VALLEY INVESTMENTS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>1851 NW 125TH AVE<br>SUITE 300<br>PEMBROKE PINES, FL 33028 | Mailing Address<br>1851 NW 125TH AVE<br>SUITE 300<br>PEMBROKE PINES, FL 33028 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><u>39 E. 6th St.</u> | 3. Mailing Address<br><u>39 E. 6th St.</u> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><u>HIACLEAH, FL.</u> | City & State<br><u>HIACLEAH, FL.</u> |
| Zip<br><u>33010</u>                  | Zip<br><u>33010</u>                  |
| Country                              | Country                              |



02052004 Chg-P CR2E034 (10/03)

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|--|--|
| 6. Name and Address of Current Registered Agent<br><br>SEGALL, SANDY S<br>1851 NW 125TH AVE<br>SUITE 300<br>PEMBROKE PINES, FL 33028 |  |
|--|--|

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0347988   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <u>RICHARD W. GROSS</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>39 E. 6th St.</u><br>City <u>HIACLEAH</u> FL Zip Code <u>33010</u>   |  |
| 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.<br>SIGNATURE: <u>[Signature]</u> DATE: <u>2/4/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>GROSS, RICHARD W<br>39TH E 6TH ST<br>HIACLEAH, FL 33010 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SEGALL, SANDY S D<br>1851 NW 125TH AVE, SUITE 300<br>PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: [Signature] RICHARD W. GROSS 2/04/04 (305) 8276567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #