


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 034 ****61.25

DOCUMENT # 744826 1. Entity Name HILLCREST EAST NO. 26 INC.					
Principal Place of Business 4001 HILLCREST DR. HOLLYWOOD, FL 33021			Mailing Address 4001 HILLCREST DR. HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1940672	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALLETUTTI, PETER 4001 HILLCREST DR. #506 HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLETUTTI, PETER 4001 HILLCREST DR #506 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN JOHNSON 4001 HILLCREST DR # 801/03 HOLLYWOOD FL 33021 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE ROSA, JOYCE 4001 HILLCREST DR #1016 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID GREENBERG 4001 HILLCREST DR # 1214/1216 HOLLYWOOD FL 33021 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLUMENTHAL, THELMA 4001 HILLCREST DR #617 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFRED BENJAMIN 4001 HILLCREST DR # 916 HOLLYWOOD FL 33021 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHONEY, FRANK 4001 HILLCREST DR. #1214/16 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR PELTZMAN 4001 HILLCREST DR # 514/16 HOLLYWOOD FL 33021 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUSSAN, ADELE 4001 HILLCREST DR. 907 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTH, MARK 4001 HILLCREST DR #202 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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 617, 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: <u>Peter Valletutti</u> <u>2/18/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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