2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J80223

1. Entity Name HOLLYBROOK REALTY, P.A.



Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business

9050 PINES BLVD.

450B PEMBROKE PINES, FL 33024

Mailing Address

9050 PINES BLVD. SUITE 450B

PEMBROKE PINES, FL 33024 US



FILED

04062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2811939

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SPATZ, LEONARD 9050 PINES BLVD. SUITE 450B

PEMBROKE PINES, FL 33024

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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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when relinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			sing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SPATZ, LEONARD 9050 PINES BLVD., SUITE 450B PEMBROKE PINES, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000117650 04/19/04-80028-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				

RINTED NAME OF SIGNING OFFICER OR DIRECTOR