2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J80223

1. Entity Name
HOLLYBROOK REALTY, P.A.



FILED Mar 14, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9050 PINES BLVD.

450B PEMBROKE PINES, FL 33024 US Maling Address

9050 PINES BLVD. SUITE 450B

PEMBROKE PINES, FL 33024

.



DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2811939

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPATZ, LEONARD 9050 PINES BLVD. SUITE 450B PEMBROKE PINES, FL 33024 DO NOT WRITE IN THIS SPACE

В.	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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000665916 03/23/07-80049-015 150.00

OFFICERS AND DIRECTORS 10. PS TITLE SPATZ, LEONARD NAME STREET ADDRESS 9050 PINES BLVD., SUITE 450B CITY-ST-ZIP PEMBROKE PINES, FL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. Thereby 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 of 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:

STREET ADDRESS
CITY-ST-ZIP

JITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ♥