

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005618
 1. Entity Name
AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATES, INC.



Principal Place of Business: **HOLLYWOOD ESTATES 3300 N STATE ROAD 7 - BOX B193 HOLLYWOOD FL 33021 US**
 Mailing Address: **ROBERT MARINO - PRESIDENT 3300 N STATE ROAD 7 - BOX B193 HOLLYWOOD FL 33021 US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **SAME**
 3. Mailing Address: **SAME**
 Suite, Apt. #, etc.:
 City & State:
 Zip Country: Zip Country:

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARINO, ROBERT R 3300 N STATE ROAD 7 - B193 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: *Robert Marino* (NOTE: Registered Agent signature required when reinstating)
 DATE: **02-26-04**

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MARINO, ROBERT R | |
| STREET ADDRESS | 3300 N STATE RD 7 - B193 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | GIANNETTINO, IDA | |
| STREET ADDRESS | 3300 N SR 7 B187 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BECKER, LILLIAN | |
| STREET ADDRESS | 3300 N STATE RD 7 - H639 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GIANNETTINO, BARBARA | |
| STREET ADDRESS | 3300 N STATE ROAD 7 - B187 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BALSAMO, JOSEPHINE | |
| STREET ADDRESS | 3300 N SR 7-D341 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |
| TITLE | FS | <input type="checkbox"/> Delete |
| NAME | MARINO, GLADYS | |
| STREET ADDRESS | 3300 N SR 7-B193 | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 000000072436 | |
| CITY - ST - ZIP | 03/01/04-80111-003 61.25 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 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: *Robert Marino* DATE: **02-26-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #