


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90194 015 ****61.25

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
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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 - Pres.* *Robert Marino* DATE: *Feb. 11-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, ROBERT R 3300 N STATE RD 7 - B193 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT V. P GIANNETTINO, IDA 3300 N SR 7 B187 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECKER, LILLIAN 3300 N STATE RD 7 - H639 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANNETTINO, BARBARA 3300 N STATE ROAD 7 - B187 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALSAMO, JOSEPHINE 3300 N SR 7-D341 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MARINO, GLADYS 3300 N SR 7-B193 HOLLYWOOD, FL 33021

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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* *Robert Marino* DATE: *Feb. 11-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #