


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90081 010 \*\*\*\*61.25

<b>DOCUMENT # N98000005618</b>			
<b>1. Entity Name</b> AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATES, INC.			
<b>Principal Place of Business</b> HOLLYWOOD ESTATES 3300 N STATE ROAD 7 - BOX B193 HOLLYWOOD, FL 33021 US		<b>Mailing Address</b> ROBERT MARINO - PRESIDENT 3300 N STATE ROAD 7 - BOX B193 HOLLYWOOD, FL 33021 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> IDA GIANNETTINO - PRES.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3300 No. St. RD 7 - B187	
City & State		City & State Hollywood FL.	
Zip	Country	Zip 33021	Country U.S.A
<b>4. FEI Number</b> NOT APPLICABLE		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> MARINO, ROBERT R 3300 N STATE ROAD 7 - B193 HOLLYWOOD, FL 33021		<b>7. Name and Address of New Registered Agent</b> Name IDA GIANNETTINO Street Address (P.O. Box Number is Not Acceptable) 3300 No St. RD 7 B187 Hollywood FL. City FL Zip Code 33021	
<b>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.</b>			
SIGNATURE IDA GIANNETTINO - PRES. <i>IDA GIANNETTINO</i>		DATE Jan 12, 2006	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, ROBERT R 3300 N STATE RD 7 - B193 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE PRES. NAME IDA Giannettino STREET ADDRESS 3300 N. State RD 7 B187 CITY-ST-ZIP Hollywood FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIANNETTINO, IDA 3300 N SR 7 B187 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME Gladys Marino STREET ADDRESS 3300 N. STATE RD 7 B193 CITY-ST-ZIP Hollywood FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECKER, LILLIAN 3300 N STATE RD 7 - H639 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE S.A. NAME Raymond Garofolo STREET ADDRESS 3300 N. STATE RD 7 A29 CITY-ST-ZIP Hollywood FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANNETTINO, BARBARA 3300 N STATE ROAD 7 - B187 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALSAMO, JOSEPHINE 3300 N SR 7-D341 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MARINO, GLADYS 3300 N SR 7-B193 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE FS. NAME Cheryl WIENER STREET ADDRESS 3300 N. STATE RD 7 A29 CITY-ST-ZIP Hollywood FL. 33021
<b>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.</b>			
SIGNATURE: IDA GIANNETTINO Pres. <i>IDA GIANNETTINO</i>		Date 1-12-06-954-	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	