

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 002 ****61.25

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



Principal Place of Business Mailing Address
HOLLYWOOD ESTATES **IDA GIANNETTINO**
3300 N STATE ROAD 7 - BOX B193 **3300 N STATE RD #7 B187**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State 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
IDA GIANNETTINO
3300 N STATE ROAD 7 - B187
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: *Ida H Giannettino* DATE: *1/28/08*
Signature (typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME	P GIANNETTINO, IDA	<input type="checkbox"/> Delete
STREET ADDRESS	3300 N STATE RD 7 B187	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	VP MARINO, GLADYS	<input type="checkbox"/> Delete
STREET ADDRESS	3300 N STATE RD 7 B193	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	SA REGO, ALTON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2811 SW 97 TERRACE	
CITY-ST-ZIP	DANIA FL 33328	
TITLE NAME	S GIANNETTINO, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	3300 N STATE ROAD 7 - B187	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	T BALSAMO, JOSEPHINE	<input type="checkbox"/> Delete
STREET ADDRESS	3300 N SR 7-D341	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	FS WIENER, CHERYL	<input type="checkbox"/> Delete
STREET ADDRESS	3300 N STATE RD 7 A29	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SA PRESTI, FILomenA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2121 NW 95TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33304	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Ida H Giannettino* DATE: *1/28/08*