## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005618

FILED Jan 12, 2009 Secretary of State

Entity Name: AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** HOLLYWOOD ESTATES HOLLYWOOD ESTATES 3300 N STATE ROAD 7 - BOX B193 3300 N STATE ROAD 7 - BOX B187 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address: IDA GIANNETTINO** 3300 N STATE RD #7 B187 HOLLYWOOD, FL 33021 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **IDA GIANNETTINO** 3300 N STATE ROAD 7 - B187 HOLLYWOOD, FL 33021 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GIANNETTINO, IDA, Name: Name: 3300 N STATE RD 7 B187 Address: Address: HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MARINO, GLADYS, Name: Name: Address: 3300 N STATE RD 7 B193 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition PRESTI, FILOMENA Name: Name: 2121 NW 95TH AVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GIANNETTINO, BARBARA Name: 3300 N STATE ROAD 7 - B187 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition BALSAMO, JOSEPHINE Name: Name: 3300 N SR 7-D341 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WIENER, CHERYL. CHENEY, LANCE Name: Name: Address: 3300 N STATE RD 7 A29 Address: 3300 N STATE RD 7 D322 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA H. GIANNETTINO PRES 01/12/2009