## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000039178

1. Entity Name

HOLLYWOOD SHOPPING CENTER MANAGEMENT, INC.



Principal Place of Business

8 INDUSTRIAL WAY E

2ND FLOOR EATONTOWN, NJ 07724 Mailing Address

8 INDUSTRIAL WAY E

2ND FLOOR

EATONTOWN, NJ 07724

# POSTED

Jan 17, 2006 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01042006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0804199

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR, SUITE 4 WESTON, FL. 33331

### DO NOT WRITE IN THIS SPACE

WESTON, TE 33331			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or ri	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little is	applicable. (NOTE Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	TORS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DP MASSRY, DANIEL 8 INDUSTRIAL WAY E 2ND FLOOR EATONTOWN, NJ 07724				460066388575 01/20/06-80010-011 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	DVT MASSRY, MARK 8 INDUSTRIAL WAY E 2ND FLOOR EATONTOWN, NJ 07724	 			
DILE NAME STREET ADDRESS CITY-ST-ZIP	DVS MASSRY, ISAAC 8 INDUSTRIAL WAY E 2ND FLOOR EATONTOWN, NJ 07724			DO NOT WRITE	
TITLE NAME STREET ADDRESS			IN THIS SPACE		

12. Thereby 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 607, 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

732-835-0111

Daytime Prione