

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/25/

FILED
Jun 27, 2005 8:00 am
Secretary of State

04-25-2005 90265 005 ***150.00

DOCUMENT # P04000142391

1. Entity Name
HOLLYWOOD STATION 502, INC.



Principal Place of Business 2500 PARKVIEW DR. 1917 HALLANDALE, FL 33009	Mailing Address 2500 PARKVIEW DR. 1917 HALLANDALE, FL 33009
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6606304J



2. Principal Place of Business 14400 NW 77 Ct. Suite, Apt. #, etc. Suite 101	3. Mailing Address 14400 NW 77 Ct Suite, Apt. #, etc. Suite 101
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04202005 Chg-P CR2E034 (10/03)

City & State Miami Lakes, FL	City & State Miami Lakes, FL	4. FEI Number 20-1763517	Applied For <input type="checkbox"/> Not Applicable
Zip 33016	Country	Zip 33016	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMERA, NESTOR V
 2500 PARKVIEW DR.
 1917
 AVENTURA, FL 33009**

7. Name and Address of New Registered Agent

Name **Robert Elavell Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
**14400 NW 77 Ct
 Suite 101**
 City **Miami Lakes** FL Zip Code **33016**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when filing 2299G)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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 PERETTI, GRACIELA 2500 PARKVIEW DR. UNIT 1917 HALLANDALE, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 NW 77 Ct. Suite 101 Miami Lakes FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 approved.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR