## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 27, 2007 08:00 Al Secretary of State ANNUAL REPORT **DOCUMENT # P05000065581** H&A OF HOLLYWOOD INC. Principal Place of Business Mailing Address 1700 NO. FEDERAL HWY 1700 NO. FEDERAL HWY HOLLYWOOD, FL 33167 HOLLYWOOD, FL 33167 03302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2802999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, MUKUNDCHANDRA DO NOT WRITE 1700 NO. FEDERAL HWY HOLLYWOOD, FL 33167 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PATEL, MUKUNDCHANDRA NAME 1700 NO. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33167 TITLE NAME PATEL, BHRANTI STREET ADDRESS 1700 NO. FEDERAL HWY CITY-ST-ZIP HOLLYWOOD, FL 33167 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

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

m.n. Satel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR