


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90039 050 ***150.00

DOCUMENT # P99000059141

1. Entity Name
 SELECT HOLDINGS COMPANY



40072020



04092008 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
 100 S BISCAYNE BLVD. 100 S BISCAYNE BLVD.
 SUITE ~~400~~ SUITE ~~400~~
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 100 S Biscayne Blvd. 100 S Biscayne Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 900 Ste 900

City & State City & State
 miami FL miami FL

Zip Country Zip Country
 33131 USA 33131 USA

4. FEI Number Applied For
 65-0931659 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOLLO, JEROME
 100 S BISCAYNE BLVD.
 SUITE ~~400~~ 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Ste 900
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLO, TIBOR 100 S BISCAYNE BLVD. # 1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLO, WAYNE 100 S. BISCAYNE BLVD., #1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, LEONARD 100 S BISCAYNE BLVD MIAMI, FL 33131 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 employees.

SIGNATURE: _____ Date _____ Daytime Phone # _____