


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005441

1. Entity Name
COLLIER PROPERTY OF HOLLYWOOD, INC.



Principal Place of Business
1865 SOUTH OCEAN DRIVE, SUITE 3G
HALLANDALE, FL 33009

Mailing Address
1865 SOUTH OCEAN DRIVE, SUITE 3G
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-1331427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POMERANZ, ROY H ESQUIRE
1865 SOUTH OCEAN DRIVE, SUITE 3G
HALLANDALE, FL 33009

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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: *Roy H Pomernanz as Reg Agent* DATE: *4/26/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D |
| NAME | POMERANZ, ROY H |
| STREET ADDRESS | 1865 SOUTH OCEAN DRIVE, SUITE 3G |
| CITY-ST-ZIP | HALLANDALE, FL 33009 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/30/05-80119-013 150.00

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IN THIS SPACE**

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 807, 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: *Roy H Pomernanz as Dir* DATE: *4/26/05* DAYTIME PHONE #: *(305) 891-5858*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR