## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # F97000001018 04-25-2007 90195 037 \*\*\*158.75 1. Entity Name HOLLYWOOD, INC. (BRICKELL STATION) Principal Place of Business Mailing Address 40001000 321 EAST HILLSBORO BLVD. 3390 MARY STREET SUITE 200 DEERFIELD BEACH, FL 33441 US COCONUT GROVE, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>3390 Mary Street</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-P CR2E034 (12/06) Suite 200 City & State City & State 4. FEI Number Applied For 65-0727461 Coconut Grove, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33133 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 City Zip Code FL 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition SWERDLOW, MICHAEL J NAME NAME 3390 MARY STREET, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STOTZER, THEODORE R NAME STREET ADDRESS 321 EAST HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attachmen with all of

Michael Swerdlow

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED I

FILED

305-476-0100

Daytime Phone #

4/17/07

Date