


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90002 037 ***150.00

DOCUMENT # 174410 1. Entity Name HOLLYWOOD RU-VEL, INC.					
Principal Place of Business 320 MCKINLEY STREET HOLLYWOOD, FL 33019			Mailing Address 320 MCKINLEY STREET HOLLYWOOD, FL 33019		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6062810	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLACK, WALTER 320 MCKINLEY ST HOLLYWOOD, FL 33019			Name David L. Cross		
			Street Address (P.O. Box Number is Not Acceptable) 320 McKinley ST #2		
			City Hollywood		
			State FL		
			Zip Code 33019		
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		David L. Cross		9/1/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WALTER		NAME	Leonard Golden	
STREET ADDRESS	320 MCKINLEY STREET		STREET ADDRESS	320 McKinley Street #8	
CITY - ST - ZIP	HOLLYWOOD, FL 33019		CITY - ST - ZIP	Hollywood FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPP, RICHARD		NAME	Patricia Perkins	
STREET ADDRESS	320 MCKINLEY		STREET ADDRESS	320 McKinley ST # 5	
CITY - ST - ZIP	HOLLYWOOD, FL 33019		CITY - ST - ZIP	Hollywood, FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, LYNN		NAME	Sharon Bapp	
STREET ADDRESS	320 MCKENNEY ST		STREET ADDRESS	320 McKinley ST #9	
CITY - ST - ZIP	HOLLYWOOD, FL 33079		CITY - ST - ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	David L. Cross	
STREET ADDRESS			STREET ADDRESS	320 McKinley ST #2	
CITY - ST - ZIP			CITY - ST - ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 empowered.					
SIGNATURE:		David L. Cross		1/20/04 774-2300771	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	