


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 174410 1. Entity Name HOLLYWOOD RU-VEL, INC. |  |
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| Principal Place of Business 320 MCKINLEY STREET HOLLYWOOD, FL 33019 | Mailing Address 320 MCKINLEY STREET HOLLYWOOD, FL 33019 |
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01162008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-6062810 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent BLACK, WALTER H 320 MCKINLEY ST. APT 1 HOLLYWOOD, FL 33019 |
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**DO NOT WRITE
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:

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BLACK, WALTER 320 MCKINLEY ST 1 HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BAPP, SHARON 320 MCKINLEY ST., #9 HOLLYWOOD, FL 33079 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BLACK, KEN 320 MCKINLEY ST APT 4 HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 empowered.

SIGNATURE: Walter H. Black 18-Jan-2008 924-923-7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #