

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 91028 021 ***158.75

DOCUMENT # 464772

1. Entity Name
MERCHANTS CREDIT BUREAU OF HOLLYWOOD, INC.



Principal Place of Business
2328 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Mailing Address
2328 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

2. Principal Place of Business
604 NW 150 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
604 NW 150 AVENUE
Suite, Apt. #, etc.



04182004 Chg-P CR2E034 (10/03)

City & State
Pembroke Pines, Florida
Zip 33028 Country USA

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Pembroke Pines, Florida
Zip 33028 Country USA

4. FEI Number
59-1566634
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KRAKOWER, ALAN
2328 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name ALAN KRAKOWER
Street Address (P.O. Box Number is Not Acceptable)
604 NW 150 AVENUE
City Pembroke Pines FL Zip Code 33028

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAKOWER, ALAN F. 2328 HOLLYWOOD BLVD. HOLLYWOOD, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAKOWER, ALAN F. 604 NW 150 AVENUE Pembroke Pines, Florida 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN KRAKOWER

4/19/04

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443 7424