## **2006 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Jan 23, 2006 08:00 AN **DOCUMENT # 466747 Secretary of State** HOLLYWOOD IRON WORKS, INC. Principal Place of Business Mailing Address 2313 SOUTHWEST 57TH TERRACE 2313 SOUTHWEST 57TH TERRACE WEST HOLLYWOOD, FL 33023 WEST HOLLYWOOD, FL 33023 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1568943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPARELLI, ERNEST DO NOT WRITE 3821 NW 92ND AVENUE HOLLYWOOD, FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD CAPARELLI, ERNEST NAME 11900 PICCADILLY PLACE STREET ADDRESS CITY-ST-ZIP DAVIE, FL VD TITLE CAPARELLI, JOSEPH NAME STREET ADDRESS 4300 NE 24 AVE. LIGHTHOUSE POINT, FL 33023 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplies 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 fustee 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 ab address, with attouted in the empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FFICER OR DIRECTOR

Daytime Phone #