

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 002 ***150.00

DOCUMENT # 466747

1. Entity Name
HOLLYWOOD IRON WORKS, INC.



Principal Place of Business
**2313 SOUTHWEST 57TH TERRACE
WEST HOLLYWOOD, FL 33023**

Mailing Address
**2313 SOUTHWEST 57TH TERRACE
WEST HOLLYWOOD, FL 33023**

40001499



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1568943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAPARELLI, ERNEST
3821 NW 92ND AVENUE
HOLLYWOOD, FL~~

Name **Ernest Caparelli**
Street Address (P.O. Box Number is Not Acceptable)
11900 Piccadilly Place
City **Davie** FL Zip Code **33325**

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 the registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

1/5/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CAPARELLI, ERNEST**
STREET ADDRESS **11900 PICCADILLY PLACE**
CITY - ST - ZIP **DAVIE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VD** ☐ Delete
NAME **CAPARELLI, JOSEPH**
STREET ADDRESS **4300 NE 24 AVE.**
CITY - ST - ZIP **LIGHTHOUSE POINT, FL 33023**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3415 Saddlebrook Lane**
CITY - ST - ZIP **Weston, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (954) 962 0556