


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 046 \*\*\*\*61.25

DOCUMENT # 702357 1. Entity Name HOLLYWOOD TERRACE APTS, INC. # 2			
Principal Place of Business 2325 GARFIELD ST APT 11 HOLLYWOOD FL 33020-0446 US		Mailing Address 2325 GARFIELD ST APT 11 HOLLYWOOD FL 33020-0446 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2750382		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 DE PECOL, MARIO 2325 GARFIELD APT 11 HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HANS, KUARMANN STREET ADDRESS: 2325 GARFIELD ST APT 12 CITY - ST - ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BENN, PATRICK STREET ADDRESS: 11596 NW 19 ST CITY - ST - ZIP: HOLLYWOOD FL 33028	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: DEPECOL, MARIO STREET ADDRESS: 23225 GARFIELD ST APT 12 CITY - ST - ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: AUNER, GALE STREET ADDRESS: 2114 N 32ND AVENUE CITY - ST - ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>VP</del> NAME: AUNER, JOHN STREET ADDRESS: 2325 GARFIELD ST <del>APT 12</del> 10 CITY - ST - ZIP: HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OPITRE, JEAN STREET ADDRESS: 2060 DUPARC CITY - ST - ZIP: VARENNES QUEBEC CA 53-a164	<input checked="" type="checkbox"/> Delete	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 exemptions contained in Section 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 617, 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: Mario De Pecol MARIO DE PECOL MAR 26 2007 954 923 0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #