


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99509  
 1. Entity Name  
 HOLLYWOOD TRYLON, INC.



Principal Place of Business 1915 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33020	Mailing Address 1915 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0029858	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KAPLAN, DOUGLAS C  
 1915 HOLLYWOOD BLVD  
 HOLLYWOOD, FL 33020

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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 KAPLAN, DOUGAS C 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAFFE, HOWARD TODD 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GATES, MICHAEL L. 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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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DOCUMENT 94214  
 02/25/05 - 200133-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Douglas C Kaplan 2/16/05 954-970-9110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #