

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F99509



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



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000398556  
 01/30/06-80017-021 150.00

**OFFICERS AND DIRECTORS**

PD KAPLAN, DOUGAS C 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
VD JAFFE, HOWARD TODD 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
ST GATES, MICHAEL L 1915 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

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 reports 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* Date: *1/16/06* Daytime Phone #: *954 920-9110*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR