2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # H84805 1. Entity Name HOLIDAY CENTER CORPORATION						05-03-2005 9	90102 007 **	'*1 <i>5</i> 0.	00
Principal Place 585 E 49TH 16 HIALEAH, FL	STREET	Mailing Address 1141 WEST 68 STREET HIALEAH, FL 33014		i		 	II BIBIR BIBTI BIBIR BIBIR	I DIE (IEI)	IPSI & IFSI
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005	Chg-P	CR2E034 (1	10/03)		
City & State		City & State		4. FEI Numbe 59-2776			-	plied For t Applicable	
Zip	Country Zip Cou		Cour	ntry	5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New F	Registered Agen	t	
				Name					
CABRERA, ERNESTO 585 EAST 49 STREET SUITE #5 HIALEAH, FL 33013				Street Address (P.O. Box Number is Not Acceptable)					
nialean,	rt 33013			City			FL ²	Zip Codi	
	named entity submits this statemen	t for the purpose of changing it	ts register	ed office or regi	stered agent, or bot	n, in the State of Fi		ar with,	and accept
SIGNATURE	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NC	OTE: Registere	ed Agent signature req	uired when reinstating)		DATE	•	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Camp Trust Fund Con	-	`	\$5.00 May Be Added to Fees				
10.	OFFICERS AF	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRI	ECTORS	3 IN 11
TITLE	PVST	☐ Delete	TITL	E				Change	☐ Addition
NAME	CABRERA, ERNESTO								
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 3302			/-ST-ZIP					
TITLE	D CARRERA ERNESTO	☐ Delete	TITL	I			البا	Change	Addition Addition
NAME STREET ADDRESS	CABRERA, ERNESTO NA 394 S.W. 188 AVE.			EET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 3302	9		(-ST-ZIP					
TITLE		☐ Delete	TITL				П.	Change	☐ Addition
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TITLE		☐ Delete	TITL	i				Change	☐ Addition
NAME			NAA						
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CITY-ST-ZIP			CITY	/-ST-ZiP					
TITLE		☐ Delete	TITL	.E				Change	Addition
NAME			NAN	1					
STREET ADDRESS			-	EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
	certify that the information supplied v	uith thin filing dags not avalify t		ni batata aaitaaa	Caption 110 07/21/	Elevido Ctetutos	I do not be an a second for a bu-		4

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 direct 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 01/13/05

305. 688 3500 Daytime Phone #