


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90189 040 \*\*\*150.00

<b>DOCUMENT # H84805</b>	
1. Entity Name <b>HOLIDAY CENTER CORPORATION</b>	

Principal Place of Business <b>585 E 49TH STREET 16 HIALEAH, FL 33013</b>	Mailing Address <b>1141 WEST 68 STREET HIALEAH, FL 33014</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04282006	Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2776372</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>CABRERA, ERNESTO 585 EAST 49 STREET SUITE #5 HIALEAH, FL 33013</b>	

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST CABRERA, ERNESTO 394 S.W. 188 AVE. PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CABRERA, ERNESTO 394 S.W. 188 AVE. PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:  **ERNESTO CABRERA**  
PRESIDENT 14/7/06 305. 688 3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #