

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H96194
 1. Entity Name
HOLLYWOOD CAPERS, INC.



Principal Place of Business Mailing Address
4700 ROOSEVELT ST **4700 ROOSEVELT ST**
HOLLYWOOD, FL 33021 US **HOLLYWOOD, FL 33021 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2627976 Applied For
 Not Applicable

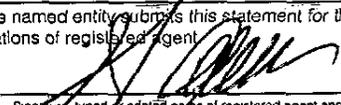
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABELES, SIGMUND
4700 ROOSEVELT STREET
HOLLYWOOD, FL 33021

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:  DATE: **2/15/05**
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, 2005 Fee will be \$550.00

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

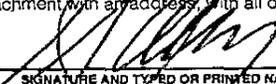
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABELES, SIGMUND
STREET ADDRESS	4700 ROOSEVELT STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	S
NAME	ABELES, ALICE E.
STREET ADDRESS	4700 ROOSEVELT STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000232856
 02/17/05-80019-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:  Date: **2/15/05** Daytime Phone #: **954 981-9775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR