2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H99525

1. Entity Name
HOLLYWOOD SEMINARS, INC.

Principal Place of Business	Mailing Address
4510 BUCHANAN ST HOLLYWOOD, FL 33021	4510 BUCHANAN ST HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

03252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2646338	Not Applicable

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

6. Name and Address of Current Registered Agent

MALINER, ROBERT
5012 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

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

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MALINER, ROBERT H
STREET ADDRESS	5012 HOLLYWOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	V
NAME	VERONICA, MALINER
STREET ADDRESS	451 BUCHANAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000488012
04/14/06-80019-002 150.00

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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: X _Robert H Maliner_   3/29/06   954 966 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #