
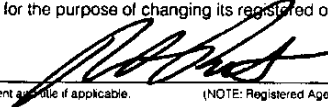
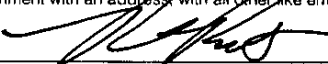


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90003 027 \*\*\*150.00

<b>DOCUMENT # K18393</b> 1. Entity Name <b>ENTERPRISES OF HOLLYWOOD, INC.</b>					
Principal Place of Business <b>3000 ORANGE GROVE TR NAPLES, FL 34120</b>				Mailing Address <b>3000 ORANGE GROVE TR NAPLES, FL 34120</b>	
2. Principal Place of Business - No P.O. Box # <b>4500 EXECUTIVE DR</b>		3. Mailing Address <b>4500 EXECUTIVE DR</b>			
Suite, Apt. #, etc. <b>110</b>		Suite, Apt. #, etc. <b># 110</b>			
City & State <b>NAPLES</b>		City & State <b>NAPLES</b>			
Zip <b>34119</b>		Country <b>USA</b>		Zip <b>34119</b>	
Country <b>USA</b>		4. FEI Number <b>63-0835259</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOLLT, ROBERTO 3000 ORANGE GROVE TR NAPLES, FL 34120</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4500 EXECUTIVE DRIVE</b> <b>#110</b> City <b>NAPLES</b> FL <b>34119</b>		
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 <b>4/18/07</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. BOLLT, ROBERTO 3000 ORANGE GROVE TR NAPLES, FL 34120 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 EXECUTIVE DRIVE #110 NAPLES FL 34119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWITZ, STEPHEN 3000 ORANGE GROVE TR NAPLES, FL 34120 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 EXECUTIVE DRIVE #110 NAPLES FL 34119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>4/18/07 234 596 4088</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40078698



04182007 Chg-P CR2E034 (12/06)