

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2006 8:00 am
Secretary of State**

04-18-2006 90078 050 ***150.00

DOCUMENT # K96229 1. Entity Name HOLB-SIERRA CORP.	
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Principal Place of Business 2045 SHERMAN STR HOLLYWOOD, FL 33020-3551 US	Mailing Address 2045 SHERMAN STR HOLLYWOOD, FL 33020-3551 US
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03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0129565	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VIDAL, MARCOS
3141 CALLE LARGO
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY- ST- ZIP	PD VIDAL, MARCOS 3141 CALLE LARGO HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD VIDAL, FRANCISCO 4012 GRANT ST HOLLYWOOD, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-06 (954) 922-2476