

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90091 019 ***150.00

DOCUMENT # L25602 1. Entity Name HOLLYWOOD BEACH RESORT REALTY, INC.					
Principal Place of Business 101 N OCEAN DR SUITE 116 HOLLYWOOD BEACH, FL 33019			Mailing Address 101 N OCEAN DR SUITE 116 HOLLYWOOD BEACH, FL 33019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0161137	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERSHMAN, LAWRENCE M 338 DESOTO STREET HOLLYWOOD, FL 33019				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERSHMAN, LAWRENCE 101 N. OCEAN DRIVE HOLLYWOOD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHMAN, LAWRENCE 101 N. OCEAN DRIVE HOLLYWOOD, FL	<input checked="" type="checkbox"/> Delete			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



D MARK A. HERSHMAN
1554 TUFERSON ST
HOLLYWOOD, FL 33021

954-255-7288
Daytime Phone #

1/25/07