


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State


03-22-2007 90008 039 ***150.00

DOCUMENT # L38990		
1. Entity Name HOLLYWOOD COLLECTIBLES, INC.		

Principal Place of Business C/O RICHARD ALTMAN 3942 N 46TH AVE HOLLYWOOD, FL 33021	Mailing Address C/O RICHARD ALTMAN 3942 N 46TH AVE HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 3311 SHERIDAN ST	3. Mailing Address 3311 SHERIDAN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Zip 33021
Country USA	Country USA

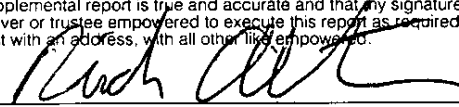
	
03172007 Chg-P	CR2E034 (12/06)
4. FEI Number 65-0167487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALTMAN, RICHARD 4912 ARTHUR STREET HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTMAN, RICHARD 4912 ARTHUR STREET HOLLYWOOD, FL <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
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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: 	Date 3/14/07 Daytime Phone # 954-986-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	