
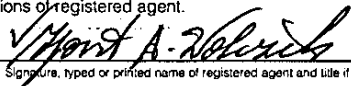



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90048 032 ***150.00

DOCUMENT # M09798 1. Entity Name HOLLYWOOD BEACH RESORTS, INC.					
Principal Place of Business 3300 N. SURF RD. HOLLYWOOD, FL 33019 US			Mailing Address 2457 COLLINS AVE., #506 MIAMI BEACH, FL 33140		
2. Principal Place of Business 2625 Collins Ave		3. Mailing Address 2625 Collins Ave			
Suite, Apt. #, etc. 1202		Suite, Apt. #, etc. 1202			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		4. FEI Number 59-2490120	
Zip 33140		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLCZIK, HORST A 2457 COLLINS AVE. SUITE 506 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name HORST A. WOLCZIK Street Address (P.O. Box Number is Not Acceptable) 2625 Collins Ave # 1202 City MIAMI BEACH FL Zip Code 33140			
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  HORST A. WOLCZIK 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2005 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	PD WOLCZIK, HORST A 2457 COLLINS AVE. MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLCZIK, HORST A 2457 COLLINS AVE. MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLCZIK, HORST A 2457 COLLINS AVE. MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  HORST WOLCZIK, Pres. 2/15/05 786-256-1272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					