

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 037 ***150.00

DOCUMENT # M82978

1. Entity Name
HOLLYWOOD HILLS SERVICENTER INC.



Principal Place of Business
**4550 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

Mailing Address
**4550 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

42070019



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0048760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MULLIN, THOMAS E.
1700 NW 113TH AVE.
PEMBROKE PINES, FL 33026**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RUSCH, MARTIN
STREET ADDRESS	1400 N.E. 137TH ST.
CITY-ST-ZIP	N. MIAMI, FL 33161
TITLE	PD
NAME	MULLIN, THOMAS E.
STREET ADDRESS	1700 N.W. 113TH AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	SD
NAME	MULLIN, JOYCE
STREET ADDRESS	1700 N.W. 113TH AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/04 9549879220