

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000037

1. Entity Name
**HOLLYWOOD, FLORIDA SISTER CITIES
INTERNATIONAL, INC.**



Principal Place of Business
330 NORTH FEDERAL HWY.
HOLLYWOOD, FL 33020-4617

Mailing Address
1410 DIPLOMAT PKWY
HOLLYWOOD, FL 33019-2230

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
54-2091332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASO, PHILIP M
19495 BISCAYNE BLVD., STE. 700
AVENTURA, FL 33180

**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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CASO, PHILIP M
STREET ADDRESS	1410 DIPLOMAT PKWY.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VD
NAME	CHAI, SHERRY
STREET ADDRESS	20135 NE 25 CT.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PD
NAME	HERNANDEZ, MAYRA
STREET ADDRESS	2624 ARTHUR ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	TD
NAME	HERNANDEZ, PETER
STREET ADDRESS	2639 MONROE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 330204617
TITLE	D
NAME	EDWARDS, JAMES
STREET ADDRESS	330 NORTH FEDERAL HWY.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000381490
01/11/06-80057-005 61.25

**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 617, 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:

Philip M. Caso **PHILIP M. CASO**

SD **1/6/05**

305
933-6255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #