

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005026

FILED
Aug 31, 2006
Secretary of State

Entity Name: FIESTA TROPICALE OF HOLLYWOOD, INC.

Current Principal Place of Business:

2324 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

2152 JOHNSON STREET
HOLLYWOOD, FL 33020 US

Current Mailing Address:

POST OFFICE BOX 510
HOLLYWOOD, FL 330220510 US

New Mailing Address:

FEI Number: 65-0782522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ERICKSON, DAVID M S
2324 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

ERICKSON, DAVID M S
2152 JOHNSON STREET
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: DAVID M ERICKSON

08/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ERICKSON, DAVID M S
Address: 2324 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: P () Delete
Name: STENGEL, JOHN
Address: 3501 N. 54 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: TT () Delete
Name: SEIDMAN, DALE
Address: 17637 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: VAZ, TAI
Address: 2003 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: HOGG, DAVID
Address: 6501 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: FLEGG, DONNA
Address: 2600 HOLLYWOOD BOULEVARD #422
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ERICKSON, DAVID M S
Address: 2152 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M ERICKSON

S

08/31/2006

Electronic Signature of Signing Officer or Director

Date