


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # P00000031717	
1. Entity Name MULHOLLAND MANAGEMENT CORP.	

Principal Place of Business 10550 BISCAYNE BOULEVARD MIAMI, FL 33138	Mailing Address 10550 BISCAYNE BOULEVARD MIAMI, FL 33138
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0995362	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

MULHOLLAND, JAMES D
10550 BISCAYNE BOULEVARD
MIAMI, FL 33138

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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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000872444 04/10/08-80038-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULHOLLAND, ISABEL R 10550 BISCAYNE BOULEVARD MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULHOLLAND, JAMES D 10550 BISCAYNE BOULEVARD MIAMI, FL 33138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D Mulholland **3/25/08** **305 891 5889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/25/08** Daytime Phone # **305 891 5889**