


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90029 034 \*\*\*150.00

<b>DOCUMENT # P01000007026</b> 1. Entity Name <b>HOLLY BROKERAGE, INC.</b>			
Principal Place of Business <b>11395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>		Mailing Address <b>1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b>		3. Mailing Address <b>370 Minorca Ave</b>	
Suite, Apt. #, etc. <b>Coral Gables Fl</b>		Suite, Apt. #, etc. <b>Coral Gables Fl</b>	
City & State <b>Coral Gables Fl</b>		City & State <b>Coral Gables Fl</b>	
Zip <b>33134</b>		Zip <b>33134</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1069875</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SARKISIAN, KIM A. 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <b>370 Minorca Ave</b> City <b>Coral Gables</b> <b>FL</b> <b>33134</b>	
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: <u><i>Kim Sarkisian</i></u> DATE: <u>4.24.08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOLLY, WILLIAM</b> <b>1395 BRICKELL AVENUE, SUITE 900</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>370 Minorca Ave</b> <b>Coral Gables Fl 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>William Holly</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4.24.08 305-777 0300 <small>Date Daytime Phone #</small>	