

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000050835

1. Entity Name
MULHOLLAND DEVELOPMENT CORPORATION



Principal Place of Business
**10550 BISCAYNE BLVD
MIAMI, FL 33138**

Mailing Address
**10550 BISCAYNE BLVD
MIAMI, FL 33138**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107560	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 BLVD
MIAMI, FL 33138**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000872169
04/10/08-80027-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULHOLLAND, ISABEL R
STREET ADDRESS	10550 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	VSTD
NAME	MULHOLLAND, JAMES D
STREET ADDRESS	10550 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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