

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046925

Entity Name: HOLLYWOOD ELECTRIC, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

17850 NE 5TH AVENUE
MIAMI, FL 331621008

New Principal Place of Business:

Current Mailing Address:

17850 NE 5TH AVENUE
MIAMI, FL 331621008

New Mailing Address:

FEI Number: 11-3685182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, WADE
17850 NE 5TH AVENUE
MIAMI, FL 331621008 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HELMS, WADE
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 331621008

Title: PD () Delete
Name: HELMS, W. EDD JR
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 331621008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: HELMS, WADE
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 331621008

Title: CFO (X) Change () Addition
Name: GOODSON, DEAN
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 331621008

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE HELMS

VPSD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date