


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-19-2008 90029 029 \*\*\*150.00

**DOCUMENT # P02000112684**

1. Entity Name  
**HOLLY REAL ESTATE, INC.**



Principal Place of Business      Mailing Address

**1395 BRICKELL AVENUE**      **1395 BRICKELL AVENUE**  
**SUITE 900**      **SUITE 900**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box      3. Mailing Address

**370 Minorca Ave**      **370 Minorca Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04252008      Chg-P      CR2E034 (12/06)

City & State      City & State

**Coral Gables FL**      **Coral Gables FL**

Zip      Country      Zip      Country

**33134**      **USA**      **33134**      **USA**

4. FEI Number      Applied For

**14-1851590**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOOD, RICHARD A**  
**FOWLER, WHITE, BURNETT, PA**  
**100 SE 2ND STREET 17TH FLOOR**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name **Ximena Berrios**

Street Address (P.O. Box Number is Not Acceptable)  
**370 Minorca Ave**

City **Coral Gables**      **FL**      Zip Code **33134**

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 **Ximena Berrios**      DATE **4.24.08**

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

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLY, WILLIAM H 1395 BRICKELL AVE., SUITE 900 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAMMON, ROBERT H 1395 BRICKELL AVE., SUITE 900 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TALBOT, JEFFREY 1395 BRICKELL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>370 MINORCA AVE</b> <b>Coral Gables FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>370 Minorca Ave</b> <b>Coral Gables FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **[Signature]**      DATE: **4.24.08**      DAYTIME PHONE #: **305.777.0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #