

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 043 ***150.00

DOCUMENT # P03000055224

1. Entity Name
100 HOLIDAY DEVELOPMENT CORPORATION



Principal Place of Business
16105 N.E. 18TH AVENUE
NO. MIAMI BEACH, FL 33162

Mailing Address
16105 N.E. 18TH AVENUE
NO. MIAMI BEACH, FL 33162

54005108

2. Principal Place of Business

100 HOLIDAY DR.

3. Mailing Address

100 HOLIDAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-P

CR2E034 (10/03)

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

4. FEI Number

90-0081247

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONES, VICTOR K
16105 N.E. 18TH AVENUE
NO. MIAMI BEACH, FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALSKY, VALERIE
C/O 16105 N.E. 18TH AVENUE
NO. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR, PRESIDENT
GALSKY, VALERIE
100 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009

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 exemption stated in Section 119.07(3)(i), 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:

Valerie Galsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/04 954.483.4888

Date

Daytime Phone #