

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT# P03000055224 1. EntityName 100HOLIDAYDEVELOPMENTCORPORATION	
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PrincipalPlaceofBusiness 100HOLIDAYDR. HALLANDALE,FL33009	MailingAddress 100HOLIDAYDR. HALLANDALE,FL33009
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DO NOT WRITE IN THIS SPACE



01132005 NoChg-P CR2E034(10/03)

4. FEINumber 90-0081247	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent RONES,VICTORK 16105N.E.18THAVENUE NO.MIAMIBeach,FL33162	DO NOT WRITE IN THIS SPACE
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8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE X _____ DATE X _____
Signature,typedorprintednameofregisteredagentandtitleif applicable (NOTE: RegisteredAgentssignature requiredwhere Installing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
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10. OFFICERSANDDIRECTORS	
TITLE NAME STREETADDRESS CITY - ST - ZIP	DP GALSKY,VALERIE 100HOLIDAYDR. HALLANDALE,FL33009
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01/31/05-80058-020 150.00

12. IherbycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes, furthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607,FloridaStatutes,an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered

SIGNATURE: X Valerie Galsky _____
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

Date 1/24/05 DaytimePhone# _____