## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

#### FILED Mar 30, 2006 8:00 am Secretary of State

DOCUMENT # P03000140998  1. Entity Name				03-30-2006 90034 003 ***150.00		
HOLD USA, INC.	·					
Principal Place of Business	Mailing Address			· <b>-</b>		
4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 33021	4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 3302					
2. Principal Place of Business	3. Mailing Address			( )		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)		
City & State	City & State			4. FEI Number Applied For Not Applicable		
Zip Country	Zip	Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Addre	ss of Current Registered Agent		Name	7. Name and Address of New Registered Agent		
BURTON, ANDRE S 4310 SHERIDAN ST SUITE 202				(P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 330	021	-	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.						
SIGNATURÉ	SIGNATURE					
		E Registered	Agent signature require	d when remistating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 Make Check Payable to Florida Department of State						
10.	FFICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SEP PSD	<b>∠</b> Delete	TITLE	PE			
STREET ADDRESS 4310 SHERIDAN ST S CITY-ST-ZIF HOLLYWOOD FL 331		NAME STREET CITY-S	T ADDRESS	MART GINSBERG OY NW 159 AVE EMBRIE PIXEL FL 33028		
TITLE .	Delete	TITLE NAME	/	Change		
NAME STREET ADDRESS		•		274UR HECHT 931 JACKSON ST		
CITY-ST-ZIP		CITY-S	4 .	юмумя, FZ 33027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delcte	TITLE NAME STREET CITY-S	T ADDRESS 43 ST-ZIP	Change Addition  DRE S. BURTOR  10 SHERIORY 10  Heywork, Fr. 32021		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME	T ADDRESS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_

on set

X 3/21/06

# **ATTACHMENT**

**BURTON & COMPANY, P.A.** 

(954) 961-1040 Broward Dade (305) 653-1040 (954) 964-5309 Fax

Certified Public Accountant

4310 Sheridan Street Suite 202 Hollywood, FL 33021

### 2006 CORPORATION ANNUAL REPORT FORM

CLIENT NAME	: Hold	USA	
		e Report	
FORM NAME	: B150.0		CHECK NUMBER
AMOUNT DUE			DATE MAILED:
FOR THE PERIOD	: 200p		DAIL MAILE.

PLEASE FILL IN THE APPROPRIATE BLANKS AND FAX OR MAIL THIS FORM BACK TO US AFTER YOU MAIL YOUR CORPORTION RENEWAL FORM TO THE DIVISION OF **CORPORATIONS** 

EVEN THOUGH THIS IS NOT DUE UNTIL MAY 1, 2006, PLEASE DO NOT DELAY PAYING THIS - YOU MIGHT FORGET! PENALTY FEE IS \$550.00.

> (ap/19
> invoice
> 105 Boun Boun FAX to Mile Aday

### **ATTACHMENT**

#### **BURTON & COMPANY, P.A.**

(954) 961-1040 Broward Dade

(305) 653-1040 (954) 964-5309 Fax

4310 Sheridan Street Suite 202 Hollywood, FL 33021

#### RUCTIONS BELOW AS CHECKED PLEASE FOLLOW THE INST

(Please retain this instruction sheet with attached return for your files)

	FORM NUMBER ANNUAL REPORT				
MAIL BEFORE 5/1/06	PERIOD/YEAR ENDED 2006				
SIGN:  ■ PLEASE SIGN AT (X) ← D ←  □ Have your spouse sign at (xx)  □ One officer of Corporation sig	☐ Indicate Title at (XX) and date				
PAYMENT AMOUNT:  ☐ No Remittance Necessary ☐ Refund of \$  ☑ Write check in the amount of \$_/50.00					
MAKE CHECK PAYABLE TO: ☐ United States Treasury ☐ Florida Department of State ☐	■ Florida Department of State □ Florida Unemployment Compensation Fund				
MAIL TO: ☐ Internal Revenue Service Atlanta, GA 39901-0005 ☐ Dade County Property Appraiser 111 NW 1st Street, Suite 710 Miami, FL 33128-1984 ☐ Division of Corporations Annual Reports P.O. Box 6850 Tallahassee, FL 32314					
Data Operations Center Brownikes-Barre, PA 18769 11	illiam Markham, CFA oward County Property Appraiser 5 South Andrews Ave., Room 111 Lauderdale, FL 33301  Florida Dept. of Revenue 5050 West Tennessee Street Tallahassee, FL 32399-0145				
Dept. of Labor & Employment Security Div. of Unemployment Compensation Bureau of Tax Tallahassee, FL 32399-0212	Other Instructions:				
☐ Uniform Business Report Division of Corporations P.O. Box 6850	Date Mailed:				

If you have any questions about the enclosed returns, please call us.