

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90005 019 \*\*\*150.00

**DOCUMENT # P04000058876**

1. Entity Name  
**HOODBIZ ENTERTAINMENT, INC.**



Principal Place of Business  
**1131 N. 70TH WAY  
HOLLYWOOD, FL 33024**

Mailing Address  
**1131 N. 70TH WAY  
HOLLYWOOD, FL 33024**

**50061132**



2. Principal Place of Business  
**1161 S. PARK Rd.  
Suite, Apt. #, etc.  
# 301**

3. Mailing Address  
**1161 S. PARK Rd.  
Suite, Apt. #, etc.  
# 301**

07072005 Chg-P CR2E034 (10/03)

City & State  
**Hollywood, FL  
Zip 33021 Country U.S.A.**

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**Hollywood, FL  
Zip 33021 Country U.S.A.**

4. FEI Number  
**02-0721790** Applied For  
Not Applicable

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

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

**NINA, ELIU R  
1131 N. 70TH WAY  
HOLLYWOOD, FL 33024**

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

Name **NINA, ELIU R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1161 S. PARK Rd. # 301**  
City **Hollywood** FL Zip Code **33021**

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: **Eliu Nina**, president **7/27/05**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA, ELIU R 1131 N. 70TH WAY HOLLYWOOD, FL 33024	<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
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	P/D/S NINA, ELIU R. 1161 S. PARK Rd. # 301 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D NINA, Aaron E. 1161 S. PARK Rd. # 301 HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" 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
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 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: **Eliu Nina**, president **7/27/05** (954) 663-3044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Eliu Nina**