2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # P04000062638** 1. Entity Name HOLLYWOOD CONTRACTORS, INC. Principal Place of Business Mailing Address 2039A COOLIDGE ST 2039A COOLIDGE ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 No Chg-P CR2E034 (11/05) 01102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3720956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACUNA, FIDEL DO NOT WRITE 2039A COOLIDGE ST HOLLYWOOD, FL 33020 IN THIS SPACE 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. Jum familiar with, and accept the obligations of registered agent. e of registered agent and little 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 \$5.00 May Be U00000784792 Trust Fund Contribution. Added to Fees 01/16/08-80071-007 158.75 OFFICERS AND DIRECTORS 10. TITLE NAME ACUNA, FIDEL STREET ADDRESS 2039A COOLIDGE ST HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 truetee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

CITY+ST-ZIP

ATURE AND T PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR