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Jun 06, 2005 8:00 am
Secretary of State

03-15-2005 90035 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115237			
1. Entry Name HOLLYWOOD CHAMPS, INC.			
Principal Place of Business 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019		Mailing Address 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019	
2. Principal Place of Business		3. Mailing Address	
Rttn, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		5. Name and Address of Prior Registered Agent	
ELDERY & ELDERY P.A. 600 SOUTH ANDREWS AVE., SUITE 200 FT. LAUDERDALE, FL 33316		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
6. 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 therefore withdrawing and accept the obligations of registered agent.			
SIGNATURE: _____ (Signature must be printed name of registered agent and dated application) (SEAL: Registered Agent signature required upon acceptance) (Date)			
FEE REQUIRED FOR \$150.00 After May 1, 2005 Fee will be \$250.00		7. Election Campaign Financing True/False Contribution ☐ \$5.00 may be added to fee	
VIII. OFFICERS AND DIRECTORS		IX. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete FOX, SAMY 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
XI. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 in an attachment with an address, with all officers provided.			
SIGNATURE: <i>Samy Fox</i>		MARCH 8th, 2005 (954) 922-0000	

MAY 31st, 05

AFTER CALLING THE IRS, I NOW SUBMIT THE CORRECT
FEI NR. IT IS 201473038

Sincerely
Linda Tor