

2005 FOR PROFIT CORPORATION ANNUAL REPORT


4/25

FILED
Jun 27, 2005 8:00 am
Secretary of State

04-25-2005 90265 004 ***150.00

DOCUMENT # P04000142387

1. Entity Name
HOLLYWOOD STATION 603, INC.



Principal Place of Business Mailing Address
2500 PARKVIEW DRIVE **2500 PARKVIEW DRIVE**
1917 **1917**
HALLANDALE, FL 33009 **HALLANDALE, FL 33009**

66043040



2. Principal Place of Business 3. Mailing Address
14400 NW 77 Ct. **14400 NW 77 Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 101 **Suite 101**

04202005 Chg-P CR2E034 (10/03)

City & State City & State
Miami Lakes, FL **Miami Lakes FL**
 Zip Country Zip Country
33016 **33016** **33016** **33016** **33016**

4. FEI Number Applied For
20-1763484 Not Applicable

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

6. Name and Address of Current Registered Agent
ROMERA, NESTOR Y
2500 PARKVIEW DRIVE
1917
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
 Name **Robert Flavelle, Esq**
 Street Address (P.O. Box Number is Not Acceptable) **14400 NW 77 Ct.**
Suite 101
 City **Miami Lakes** FL Zip Code **33016**

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: _____ DATE: _____
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERETTI, GRACIELA	
STREET ADDRESS	2500 PARKVIEW DR UNIT 1017	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14400 NW 77 Ct.	
STREET ADDRESS	Suite 101	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #