

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90200 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |         |                                                                                  |                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000034070</b><br>1. Entity Name<br><b>SOUTH HOLLYWOOD GROUP INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |         |                                                                                  |                                      |  |
| Principal Place of Business<br><b>12914 RAYMOND DRIVE<br/>LOXAHATCHEE GROVES, FL 33470</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |         | Mailing Address<br><b>12914 RAYMOND DRIVE<br/>LOXAHATCHEE GROVES, FL 33470</b>   |                                                                                                                       |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |         | City & State                                                                     |                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | Country |                                                                                  | Zip                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             | Country |                                                                                  | 4. FCI Number<br><b>11-3744339</b>                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |         |                                                                                  | Applied For<br>Not Applicable                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FEDOROV, ALEXANDRE<br/>12914 RAYMOND DRIVE<br/>LOXAHATCHEE GROVES, FL 33470</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |         |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |         |                                                                                  | \$8.75 Additional Fee Required                                                                                        |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |         |                                                                                  | DATE _____                                                                                                            |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                       |  |
| <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |         |                                                                                  |                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                     |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>HOWELL KARRIEM, DAMON<br/>12914 RAYMOND DRIVE<br/>LOXAHATCHEE GROVES, FL 33470</b> |         | <input type="checkbox"/> Delete                                                  |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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. |                                                                                             |         |                                                                                  |                                                                                                                       |  |
| <b>SIGNATURE:</b> _____ <b>0428-2006</b> <b>561351-1185</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |         |                                                                                  |                                                                                                                       |  |