


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90023 004 \*\*\*150.00

<b>DOCUMENT # P05000163782</b>	
1. Entity Name <b>HOLLY OFFICE SERVICES, INC.</b>	

Principal Place of Business <b>1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131</b>	Mailing Address <b>1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131</b>
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**60043626**



2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b>	3. Mailing Address <b>370 Minorca Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables FL</b>
Zip <b>33134</b>	Country <b>USA</b>
Zip <b>33134</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERRIOS, XIMENA 1395 BRICKELL AVE SUITE 900 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>370 Minorca Ave</b> Street Address (P.O. Box Number is Not Acceptable) <b>Coral Gables</b> City <b>FL</b> Zip Code <b>33134</b>	
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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 <b>Ximena Berrios</b>	DATE <b>4.28.08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLY, WILLIAM H 1395 BRICKELL AVE SUITE 900 MIAMI, FL 33131</b> <input checked="" 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	<b>370 Minorca Ave</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Coral Gables FL 33134</b>
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
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 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.	
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SIGNATURE: <b>Ximena Berrios</b>	DATE: <b>4-28-08</b>	DAYTIME PHONE: <b>305 777 0300</b>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		