

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040470

FILED  
Aug 27, 2009  
Secretary of State

Entity Name: HOLLYWOOD FOAM & STONeworks, INC.

## Current Principal Place of Business:

4166 NW 132 STREET  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

4166 NW 132 STREET  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 20-4585448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARTHY, ANTHONY  
4166 NW 132 STREET  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ, JORGE  
Address: 4166 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: VP ( ) Delete  
Name: SIMMONS, DWAYNE  
Address: 4166 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: PM ( ) Delete  
Name: GOLDSTEIN, IRA  
Address: 4166 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: OM ( ) Delete  
Name: DANIEL, DEAN  
Address: 4166 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARTINEZ, ALEX  
Address: 4166 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX MARTINEZ

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date