

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 037 ***150.00

DOCUMENT # P93000000150					
1. Entity Name 4747 HOLLYWOOD CORP.					
Principal Place of Business 4747 HOLLYWOOD BLVD. STE. 103 HOLLYWOOD FL 33021			Mailing Address 4747 HOLLYWOOD BLVD. STE. 103 HOLLYWOOD FL 33021		
2. Principal Place of Business 4747 Hollywood Blvd. Suite, Apt. #, etc. Suite 103		3. Mailing Address P.O. Box 817028 Suite, Apt. #, etc.			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number NO-T APPLICABLE	
Zip 33021		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETARDO, NICK 4747 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD FL 33021			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DETARDO, NICK 4747 HOLLYWOOD BLVD., SUITE 103 HOLLYWOOD FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DETARDO, NICK P.O. BOX 817028 HOLLYWOOD, FL 33081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETARDO, LVAERNE 4747 HOLLYWOOD BLVD., STE 103 HOLLYWOOD FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY DETARDO, LAVERNE P.O. BOX 817028 HOLLYWOOD, FL 33081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <i>Nick Detardo</i> PRESIDENT NICK DETARDO, PRESIDENT, FEB 28, 2006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					