

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P93000000150**

1. Entity Name  
**4747 HOLLYWOOD CORP.**

Principal Place of Business  
**4747 HOLLYWOOD BLVD.  
 STE. 103  
 HOLLYWOOD FL 33021**

Mailing Address  
**P.O. BOX 817028  
 HOLLYWOOD FL 33081**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **NO-T APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DETARDO, NICK  
 4747 HOLLYWOOD BLVD.  
 SUITE 103  
 HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  Delete  
 NAME: DETARDO, NICK  
 STREET ADDRESS: P.O. BOX 817028  
 CITY-STATE-ZIP: HOLLYWOOD FL 33081

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:  
 U00000629817  
 02/19/07 00014 025 150.00

TITLE: DS  Delete  
 NAME: DETARDO, LVAERNE  
 STREET ADDRESS: P.O. BOX 817028  
 CITY-STATE-ZIP: HOLLYWOOD FL 33081

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
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TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-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: NICK DETARDO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb. 7th, 2007 Daytime Phone #: (954) 987-3401