


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 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**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 817028
 Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

Zip **33081** Country **BROWARD**

5. Certificate of Status Desired **\$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 _____ DATE _____
(Signature typed or printed name of signor on front of this form) (NOTE: Registered Agent Signature required when submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

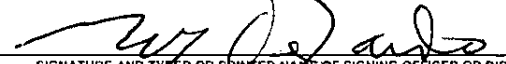
TITLE	P	<input type="checkbox"/> Delete
NAME	DETARDO, NICK	
STREET ADDRESS	P.O. BOX 817028	
CITY-ST-ZIP	HOLLYWOOD FL 33081	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DETARDO, LVAERNE	
STREET ADDRESS	P.O. BOX 817028	
CITY-ST-ZIP	HOLLYWOOD FL 33081	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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 02/15/08-80002-016 150.00

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:  **NICHOLAS DETARDO** Feb 4, 2008 (954) 987-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date