


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000002960</b> 1. Entity Name <b>NEAL HOLLANDER AGENCY, INC.</b>	
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Principal Place of Business <b>9936 MAJORCA PLACE BOCA RATON, FL 33434-3714</b>	Mailing Address <b>9936 MAJORCA PLACE BOCA RATON, FL 33434-3714</b>
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03292006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0463406** Applied For ☐ Not Applied ☐

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**HOLLANDER, NEAL  
9936 MAJORCA PLACE  
BOCA RATON, FL 33434-3714**

**DO NOT WRITE  
IN THIS SPACE**

9. 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 am 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000535825  
04/08/06-80072-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>HOLLANDER, NEAL</b>
STREET ADDRESS	<b>9936 MAJORCA STREET</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 334343714</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** 

**X 4/24/06**