


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000064250 1. Entity Name VF HOLLYWOOD OAKS, INC.	
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FILED

04 FEB 16 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434	Mailing Address % BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
DEUTCH, JEFFREY A BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434	

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMERANTZ, ALICE <input type="checkbox"/> Delete 8600 DECARIE BLVD, STE 200 MOUNT ROAYAL, QC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANK <input type="checkbox"/> Delete 8600 DECARIE BLVD., STE 200 MOUNT ROYAL, QC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RALPH JR <input type="checkbox"/> Delete 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ, TERRY <input type="checkbox"/> Delete 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY <input type="checkbox"/> Delete 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100028960991 02/18/04--01005--001 **\$000.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOSD POMERANTZ, TERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC' CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **R. Esposito** 04.01.09 514-341-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #