2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P96000040095

Entity Name: HOLLYKINS, INC.

Current Principal Place of Business:

5840 S DIXIE HWY
MIAMI, FL 33143 US

New Principal Place of Business:

5840 S.W. 71 STREET
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

5840 S. DIXIE HIGHWAY
318
MIAMI, FL 33143

New Mailing Address:

5840 S.W. 71 STREET
SOUTH MIAMI, FL 33143

FEI Number: 65-0762763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORBANDERWALA, MINAZ
5840 S DIXIE HWY
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PORBANDERWALA, MINAZ
Address: 5840 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143

Title: VPD ( ) Delete
Name: AMIR, HOODA
Address: 5840 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143

Title: SPVD ( ) Delete
Name: PORBANDERWALA, MINAZ
Address: 5840 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete
Name: MOBIN, KASSAM
Address: 5840 S DIXIE HWY
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PORBANDERWALA, MINAZ
Address: 5840 SW 71 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VPD (X) Change ( ) Addition
Name: AMIR, HOODA
Address: 5840 SW 71 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SPVD (X) Change ( ) Addition
Name: PORBANDERWALA, MINAZ
Address: 5840 SW 71 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T (X) Change ( ) Addition
Name: MOBIN, KASSAM
Address: 5840 SW 71 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINAZ PORBANDERWALA PD 04/29/2008
Electronic Signature of Signing Officer or Director Date