


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90024 040 \*\*\*150.00

<b>DOCUMENT # P96000051016</b> 1. Entity Name <b>HOLLYWOOD PARK PHASE II, INC.</b>					
Principal Place of Business <b>3807 N 29TH AVE HOLLYWOOD, FL 33020</b>			Mailing Address <b>3807 N 29TH AVE HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0678909</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MANDEL, MARVIN 3807 N 29 TH AVE HOLLYWOOD, FL 33020</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANDEL, MARVIN	NAME			
STREET ADDRESS	3807 N 29 TH AVE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIELER, ARTHUR	NAME			
STREET ADDRESS	3807 N 29 TH AVE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIELER, BERNARD	NAME	Rose Bieler		
STREET ADDRESS	3807 N 29 TH AVE	STREET ADDRESS	3807 N 29th Ave.		
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERSMAN, MOSES	NAME			
STREET ADDRESS	3807 N 29 TH AVE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Mani...</i> <span style="float: right;">3-11-2004</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					