

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 8:00 am
Secretary of State

04-12-2005 90146 003 ***158.75

DOCUMENT # P97000028491

1. Entity Name
HOLLYWOOD CINEMA RENTALS CORP.



Principal Place of Business
**106 S. STATE ROAD 7
HOLLYWOOD, FL 33023**

Mailing Address
**1317 WASHINGTON AVE
MIAMI BCH, FL 33139**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0754179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAPLAN, RICHARD J ESQUIRE
106 S. STATE ROAD 7
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISS, MIKE
STREET ADDRESS	8208 AVENUE M
CITY-ST-ZIP	BROOKLYN, NY 11236
TITLE	PD
NAME	SHAWTOV, SAMI
STREET ADDRESS	1317 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SHEMTOV EZRA
NAME	1317 WASHINGTON AVE V.P.
STREET ADDRESS	MIAMI BEACH FL. 33139
CITY-ST-ZIP	
TITLE	SCHACHAF YITZIK
NAME	1317 WASHINGTON AVE V.P.
STREET ADDRESS	MIAMI BEACH FL. 33139
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 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:

[Signature]

V.P.

4-6-05

954-894-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #