


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90032 050 ***150.00

DOCUMENT # P97000033876 1. Entity Name HALLANDALE REALTY CORPORATION					
Principal Place of Business 3808 S. OCEAN DR HOLLYWOOD, FL 33019 US			Mailing Address 3808 S OCEAN DR HOLLYWOOD, FL 33019 US		
2. Principal Place of Business - No P.O. Box # 3808 S. Ocean dr.		3. Mailing Address 3808 S. ocean dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 65-0744748	
Zip 33019		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, DAISY 3620 N. PARK RD HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Daisy Fernandez Street Address (P.O. Box Number is Not Acceptable) 3808 S. Ocean dr. City Hollywood FL Zip Code 33019			
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 <i>[Signature]</i> 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, DAISY 3620 N. PARK ROAD HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fernandez, Daisy 3808 S. Ocean dr. Hollywood, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/29/07 <small>Date</small>		
<small>Daytime Phone #</small>					