


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000063800**

1. Entity Name  
**GOLF HOLLYWOODI, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1600 JOHNSON STREET 8760 S.W. 160 ST**  
**HOLLYWOOD, FL 33020 MIAMI, FL 33157 US**

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_ City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



03252005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0775861** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WEITZEL, ALAN</b> 8760 SW 160T STREET MIAMI, FL 33157		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____ <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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOTES, DAVID M 1600 JOHNSON STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  11000007290422 04/06/05-80061-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEITZEL, ALAN 8760 S.W. 160 ST. MIAMI, FL 33157 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Alan Weitzel* **Alan Weitzel** 4/3/05 305-257-7854  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #