

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90099 039 ***150.00

DOCUMENT # P97000064931

1. Entity Name

MANAGEMENT ENTERPRISES OF HOLLYWOOD, INC.



Principal Place of Business

13355 SW 16 CT
#105
PEMBROKE PINES FL 33027
US

Mailing Address

P O BOX 260280
PEMBROKE PINES FL 33026
US



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

65-0773176

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

SMITH, LAWRENCE W
701 US HWY. 1, STE. 402
N. PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROSATTI, JOHN**
STREET ADDRESS **2740 NOSTRAND AVE**
CITY- ST- ZIP **BROOKLYN NY 11210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PR. JOHN ROSATTI 7-20-05 921-435-0258

1-20-05

ATTACHMENT

50057361

To: FL. Dept of State

P9700064931

From: Mgt. Ext. Hellyard # 65-0773176

Re: 2005 Annual Report

We have spoken to your
Ms. Markita Williams of your
department today regarding
the enclosed Annual Report
that we received today -
1-20-05. Since it is past the
filing date of May-2005,
she advised us to send \$150.00
with this explanation.
Thank you.

Amya Tydel, Bookkeeper
Mgt. Ext. of Hellyard
954-435-0258.

Approved.

JOHN ROSATTI. PLE S