

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000017248

1. Entity Name
HOLLYWOOD BATHROOMS INC.



Principal Place of Business
114 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

Mailing Address
114 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

FILED

04 OCT -7 AM 9: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0816918

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACOSTA, ROBERT A
3601 MONROE STREET
APT. #201
HOLLYWOOD, FL 33021

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 reinstating)

DATE

Amended AR is \$61.25

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 P / D ☐ Delete
NAME ACOSTA, ROBERT A
STREET ADDRESS 3601 MONROE STRET APT. #201
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Change ☐ Addition
NAME 900041670739
STREET ADDRESS 10/07/04--01049--006 **\$1.25
CITY-ST-ZIP

TITLE VP/D ☐ Delete
NAME Jandoli, Carol
STREET ADDRESS 1666 Rainbow Ct.
CITY-ST-ZIP Marco Island, FL 34145

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
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:

Carol Jandoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04

Date

Daytime Phone #