

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-05-2004 90214 017 ***150.00
P99000090606

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04 JUN -1 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03) 04

DOCUMENT # P99000090606

1. Entity Name
HOLLYWOOD ASSOCIATES, INC.



Principal Place of Business
**1111 LINCOLN ROAD
SUITE 400
MIAMI FL 33139-2439**

Mailing Address
**1111 LINCOLN ROAD
SUITE 400
MIAMI FL 33139-2439**

2. Principal Place of Business
**500 Bayview Dr
Suite, Apt. #, etc.
1928**

3. Mailing Address
**500 Bayview Dr
Suite, Apt. #, etc.
1928**

City & State
Sunny Isles Beach

City & State
Sunny Isles Beach

Zip
33160 Country
USA

Zip
33160 Country
USA

4. FEI Number
20-0758882

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KARTZ, GYORGY
500 BAYVIEW DR., #1928
SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent
Name
KARTZ GYORGY
Street Address (P.O. Box Number is Not Acceptable)
500 Bayview Dr #1928
City
Sunny Isles Beach FL Zip Code
33160

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]** DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, GYORGY 500 BAYVIEW DR NO 1928 SUNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: **GYORGY KATZ** **4/29/04** **(351) 948-6622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #