


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90100 019 \*\*\*150.00

<b>DOCUMENT # S12974</b> 1. Entity Name <b>HOLLYWOOD PROMOTIONS CORP.</b>					
Principal Place of Business <b>6503 N OCEAN DR DANIA, FL 33004</b>			Mailing Address <b>6503 N OCEAN DR DANIA, FL 33004</b>		
2. Principal Place of Business - No P.O. Box # <b>3514 W PARK RD</b>		3. Mailing Address <b>3514 W PARK RD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>		4. FEI Number <b>65-0232115</b>	
Zip <b>33021</b>		Zip <b>33021</b>		Applied For <input type="checkbox"/> Not Applicable	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAILLETTE, GUY G. 2103 N FEDERAL HIGHWAY HOLLYWOOD, FL 33020</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>ROULEAU DENISE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3514 W PARK RD</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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: <u><i>Denise Rouleau</i></u> DATE: <u>01/13/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LAUZIER, RICHARD 6503 N OCEAN DR DANIA, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3514 W PARK RD Hollywood FL 33021</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROULEAU, DENISE 6503 N OCEAN DR DANIA, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3514 W PARK RD Hollywood FL 33021</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Denise Rouleau</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>01/13/2007</u>		Daytime Phone # <u>954-923-6711</u>