


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90033 012 \*\*\*150.00


<b>DOCUMENT # S12974</b>	
1. Entity Name <b>HOLLYWOOD PROMOTIONS CORP.</b>	

Principal Place of Business <b>3514 W PARK RD HOLLYWOOD, FL 33021</b>	Mailing Address <b>3514 W PARK ROAD HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box # <b>180 NE FATIMA TER</b>	3. Mailing Address <b>180 NE FATIMA TER</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ST LUCIE FL</b>	City & State <b>PORT ST LUCIE FL</b>
Zip <b>34983</b>	Zip <b>34983</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

**4001381**



01252008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0232115</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>ROULERU, DENISE 3514 W PARK ROAD HOLLYWOOD, FL 33020</b>	
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7. Name and Address of New Registered Agent Name <b>ROULEAU DENISE</b> Street Address (P.O. Box Number is Not Acceptable) <b>180 NE FATIMA TER</b> City <b>PORT ST LUCIE FL</b> Zip Code <b>34983</b>	
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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 *Denise Rouleau* DATE 01/28/2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS LAUZIER, RICHARD 3574 W PARK RD HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>180 NE. FATIMA TER. PORT ST-LUCIE, FL 34983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT ROULEAU, DENISE 3574 W PARK RD HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>180 NE FATIMA TER PORT ST-LUCIE, FL 34983</b> <input checked="" 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
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
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 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: *Denise Rouleau* DATE 01/28/2008 DAYTIME PHONE # 954-547-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR