2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED May 18, 2005 8:00 am Secretary of State 05-18-2005 90240 001 *3,000.00			
1. Entity Name	ENT # S43695 HOP/CORAL SPRINGS, II	NC. 47						2,000100
Principal Place of Business Mailing Address 111 WAGARAW RD. 111 WAGARAW RD. HAWTHORNE, NJ 07506-2711 US HAWTHORNE, NJ 075			5-2711 US			660 <b>178</b> (		TUTALA ADD
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb 65-027			oplied For lot Applicable
Zip	Country	Zip	Country			of Status Desired	Sart Sart Ad	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	legistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	ddress (i	P.O. Box Numb	er is Not Acceptabl	ə) 	
							FL Zip Co	de
	ned entity submits this statement for of registered agent.	he purpose of changing its r	egistered office of	r register	ed agent, or bo	th, in the State of Flo	orida. Lam familiar with	a, and accept
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be   After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	IRECTORS	. 11.			CHANGES TO OFF	ICERS AND DIRECTOR	TS IN 11
STREET ADDRESS 11	D ERENZWEIG, STANLEY I1 WAGARAW RD. RAG SHOP AWTHORNE, NJ	i, i nelete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S t Bo	D DYKAS, SU	SAN	2 Change	T Addition
STREET ADDRESS 11	) ERENZWEIG, DORIS 11 WAGARAW RD. RAG SHOP AWTHORNE, NJ	, Jelete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D Sta	FFIERI, R	ONALD	De-Change	Addition
STREET ADDRESS 11	OMBARDO, JUDITH 11 WAGARAW RD. RAG SHOP AWTHORNE, NJ	Delete	TITLE NAME STREET ADORESS CITY-ST-ZP				Change	Addition
STREET ADDRESS 11	ERSTEL, JEFFREY 11 WAGARAW RD AWTHORNE, NJ	Çu) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DKII	NG, T. 1	SCOTT	Change	Addiilion
STREET ADDRESS 11	TD ARNETT, STEVEN 11 WAGARAW RD. RAG SHOP AWTHORNE, NJ	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADORESS CITY - ST-ZIP				Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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: AND ON BOY CONSISTENCE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE CONSISTENCE OF DATE Prove #								