

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S66085

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** HOLOGRAPHIC DIMENSIONS, INC.

**Current Principal Place of Business:**

7503 NW 36TH ST.  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

13940 CEDAR RD. SUITE 331  
UNIVERSITY HEIGHTS, OH 441183204

**New Mailing Address:**

**FEI Number:** 65-0269786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAJEM, DIANA  
12157 W. LINEBAUGH AVE., #180  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: DAHER, TONI  
Address: 13940 CEDAR RD. SUITE 331  
City-St-Zip: UNIVERSITY HTS, OH 441183204 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TONI DAHER

PTSD

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date