

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90839 043 ***150.00

DOCUMENT # V30577 1. Entity Name HOLIDAY BOUGHS, INC.			
Principal Place of Business 10501 NW 50TH ST #101 FORT LAUDERDALE, FL 33351 US		Mailing Address 10501 NW 50TH ST #101 FORT LAUDERDALE, FL 33351 US	
2. Principal Place of Business - No P.O. Box # 3333 S.W. 13th Ave. Suite, Apt. #, etc.		3. Mailing Address 3333 S.W. 13th Ave Suite, Apt. #, etc.	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip 33315	Country USA	Zip FL	Country USA
4. FEI Number 65-0327043		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, RONALD L. 1800 CORPORATE BOULEVAD NW 302 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Jennifer Fiorenzi</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04-26-07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT FIorenzi, JENNIFER DAVIS 7048 NW 62ND TERRACE PARKLAND, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FIorenzi, CHARLES 7048 NW 62 TERRACE PARKLAND, FL 33067	<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
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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>Jennifer Fiorenzi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04-26-07</u> <u>954.767.4712</u> <small>Date Daytime Phone #</small>	