

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30577

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HOLIDAY BOUGHS, INC.

**Current Principal Place of Business:**

3333 S.W. 13TH AVE  
FORT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

**Current Mailing Address:**

3333 S.W. 13TH AVE  
FORT LAUDERDALE, FL 33315 US

**New Mailing Address:**

FEI Number: 65-0327043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIEGEL, RONALD L.  
1800 CORPORATE BOULEVAD NW  
302  
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: FIORENZI, JENNIFER DAVIS  
Address: 7048 NW 62ND TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: DVS ( ) Delete  
Name: FIORENZI, CHARLES  
Address: 7048 NW 62 TERRACE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER DAVIS FIORENZI

DPT

04/29/2009

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

\_\_\_\_\_  
Date