

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000064250 1. Entity Name VF HOLLYWOOD OAKS, INC.						FILED 04 FEB 16 PM 4:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434				Mailing Address % BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DEUTCH, JEFFREY A BROAD & CASSEL 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number 59-3267037				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P D POMERANTZ, ALICE 8600 DECARIE BLVD, STE 200 MOUNT ROAYAL, QC ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100028960991 02/18/04--01005--001 **\$5000.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANK 8600 DECARIE BLVD., STE 200 MOUNT ROYAL, QC ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RALPH JR 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL Jr 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POMERANTZ, TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC' CANADA ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS 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)(i), 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: _____				R. Esposito			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 04.01.09 Daytime Phone # 514-341-8600			