


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000055224
 1. Entity Name
 100 HOLIDAY DEVELOPMENT CORPORATION



Principal Place of Business
 100 HOLIDAY DR.
 HALLANDALE, FL 33009

Mailing Address
 100 HOLIDAY DR.
 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



09082006 No Chg-P CR2E034 (11/05)

4. FEI Number
 90-0081247 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RONES, VICTOR K
 16105 N.E. 18TH AVENUE
 NO. MIAMI BEACH, FL 33162

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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
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALSKY, VALERIE 100 HOLIDAY DR. HALLANDALE, FL 33009
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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: Valerie Galsky **9-5-06** **954-255-1371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #