

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055224

FILED
Jul 01, 2009
Secretary of State

Entity Name: 100 HOLIDAY DEVELOPMENT CORPORATION

Current Principal Place of Business:

100 HOLIDAY DR.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

100 HOLIDAY DR.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 90-0081247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GALSKY, VALERIE
Address: 100 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: JORGE, PALACIOS
Address: 1162 GARFIELD ST.
City-St-Zip: HOLLYWOOD, FL 33019

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: VALERIE GALSKY

DP

07/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date