
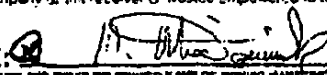


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 03/05/2004 12:02 305-8589877
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FILED
Apr 14, 2004 8:00 am
Secretary of State
 03-15-2004 90434 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000013558			
1. Entity Name COLLECTANIA, LLC			
Principal Place of Business 1900 S.W. 3RD AVE. MIAMI FL 33129		Mailing Address C/O SOFIA POWELL-COSIO 1900 S.W. 3RD AVE. MIAMI FL 33129	
2. Principal Place of Business		3. Mailing Address	
Subc. Apt. #, etc.		Subc. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1826346		Applicable For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA E SQ 1900 S.W. 3RD AVE MIAMI FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 (enter wife, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>(For this report, typed or printed name of registered agent and wife is sufficient. (NOTE: Registered agent signature required when registering.)</small>			
FILE MONTHLY FEE IS \$30.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Adeline Denise Miodownik 1900 S.W. 3rd Avenue Miami, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER / PRESIDENT Adeline Denise Miodownik 1900 S.W. 3rd Avenue Miami, FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Nathan Miodownik 1900 S.W. 3rd Avenue Miami, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER / SECRETARY Nathan Miodownik 1900 S.W. 3rd Avenue Miami, Florida 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or proprietor of the limited liability company or the receiver or trustee empowered to execute this report, as required by Chapter 608, Florida Statutes.			
SIGNATURE  DATE _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			