


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90169 020 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F94000000461			
1. Entity Name OLSSON COLLECTION U.O. INC.			
Principal Place of Business 259C COMMERCIAL BLVD. SUITE 129 LAUDERDALE BY THE SEA, FL 33308		Mailing Address 259C COMMERCIAL BLVD. SUITE 129 LAUDERDALE BY THE SEA, FL 33308	
2. Principal Place of Business 3032 E Commercial Blvd		3. Mailing Address same	
Suite, Apt. #, etc. 129		Suite, Apt. #, etc.	
City & State Ft Lauderdale FL		City & State	
Zip 33308		Country USA	
4. FEI Number 13-3142799		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUTIGAM, ULLA 325 SAINT GEORGE STREET ST. AGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Ulla Olsenius Brautigam</u> DATE: <u>4.21.05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD <input type="checkbox"/> Delete BRAUTIGAM, ULLA O 325 SAINT GEORGE STREET ST. AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD new address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brautigam Ulla Olsenius 6221 SW 39th ST Davie FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete BLECHER, JESSE 300 N. MIDDLETON RD. PEARL RIVER, NY 10965	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
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
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: <u>Ulla Olsenius Brautigam</u>		Date: <u>4.21.05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	