

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000000461

1. Entity Name
OLSSON COLLECTION U.O. INC.



Principal Place of Business
3032 E. COMMERCIAL BLVD.
SUITE 129
FT. LAUDERDALE, FL 33308

Mailing Address
3032 E. COMMERCIAL BLVD.
SUITE 129
FT. LAUDERDALE, FL 33308

40051922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
129

Suite, Apt. #, etc.
Same

03282006

Chg-P

CR2E034 (11/05)

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

4. FEI Number

13-3142799

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BRAUTIGAM, ULLA O	
STREET ADDRESS	6221 SW 39TH STREET	
CITY - ST - ZIP	DAVIE, FL 33314	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLECHER, JESSE	
STREET ADDRESS	300 N. MIDDLETON RD.	
CITY - ST - ZIP	PEARL RIVER, NY 10965	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD NEW ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUTIGAM, ULLA O/SENIS	
STREET ADDRESS	6221 SW 39TH ST	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Paytime Phone