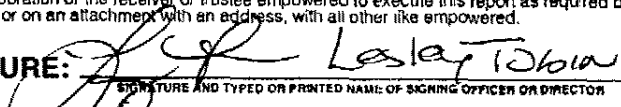


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # K91891 1. Entity Name THE WRITE COLLECTION, INC.				
Principal Place of Business 1767 MICANOPY AVE MIAMI, FL 33133 US		Mailing Address 1767 MICANOPY AVE MIAMI, FL 33133 US		
DO NOT WRITE IN THIS SPACE				
				01052004 No Chg-P CR2E034 (10/03)
		4. FCI Number 65-0118558		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBINSON, RAYMOND L. 1501 VENTERA AVE SUITE 300 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE		
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 _____ DATE _____ Signature, word or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
		U00000162392 06/10/04-80001-024 550.00		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOBIN, LESLEY 1767 MICANOPY AVENUE COCONUT GROVE FL.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, SUZY P. 3895 PARK AVENUE COCONUT GROVE FL.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
DO NOT WRITE IN THIS SPACE				
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:  Lesley Tobin		Pres. 6/1/05 (305) 856-5919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #		