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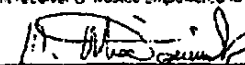
2342342
Company
305-8589877

CCM INTL CE

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1826346		Applying For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA E SO 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	
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 (enter with and accept the obligations of registered agent.			
SIGNATURE (For filers, typed or printed name of registered agent and date of completion. (NOTE: Registered agent signature required when registering.)			
FILE MONTHLY FEE IS \$3.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member NAME Adeline Denise Miodownik STREET ADDRESS 1900 S.W. 3rd Avenue CITY-ST-ZIP Miami, FL 33129	☐ Delete	TITLE MEMBER / PRESIDENT NAME Adeline Denise Miodownik STREET ADDRESS 1900 S.W. 3rd Avenue CITY-ST-ZIP Miami, FL 33129	☐ Change ☐ Addition
TITLE Member NAME Nathan Miodownik STREET ADDRESS 1900 S.W. 3rd Avenue CITY-ST-ZIP Miami, FL 33129	☐ Delete	TITLE MEMBER / SECRETARY NAME Nathan Miodownik STREET ADDRESS 1900 S.W. 3rd Avenue CITY-ST-ZIP Miami, Florida 33129	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE  SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			