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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	Mailing Address
1900 S.W. 3RD AVE. MIAMI FL 33129	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

34003328

MOORE CR2E083 (11/03)

4. FEI Number 14-1886346 — Applied 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 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

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

FILE NOW!!! FEE IS $50.00
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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER / PRESIDENT Adeline Denise Miodownik 1900 S.W. 3rd Avenue Miami, Fl 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Nathan Miodownik 1900 S.W. 3rd Avenue Miami, Fl 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER / SECRETARY Nathan Miodownik 1900 S.W. 3rd Avenue 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
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)(i), 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 608, Florida Statutes.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #