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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90538 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017721

1. Entity Name
IDEAL COLLECTION INTERNATIONAL, INC.

50046411

Principal Place of Business	Mailing Address
629 FORT HARRISON AVE CLEARWATER, FL 33756	~~P.O. BOX 3035~~ ~~CLEARWATER, FL 33707-2010~~

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	428 Indian Rocks Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Belleaire Bluffs FL.
Zip / Country	Zip: 33770 Country: Pinellas

4. FEI Number: 59-3706069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFORD, RICHARD L
1550 SOUTH HIGHLAND AVENUE
SUITE B
CLEARWATER, FL 33756

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CAPPELLO, LISA	
STREET ADDRESS	146 BAYSHORE DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 346986514	
TITLE	D	☒ Delete
NAME	HAKIMIAN, ALBERT	
STREET ADDRESS	554 MIDDLE NECK ROAD	
CITY-ST-ZIP	GREAT NECK, NY 11023	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lisa Cappello (signature) owner 727 446 1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #