


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 012 ***150.00

DOCUMENT # P01000058942
 1. Entity Name
 COLLAR PHOTO & VIDEO, INC.



Principal Place of Business Mailing Address
 8410 W. FLAGLER 8410 W. FLAGLER
 SUITE 204 SUITE 204
 MIAMI, FL 33144 MIAMI, FL 33144

14002390



2. Principal Place of Business 3. Mailing Address
 7200 SW 7 Street 7200 SW 7 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Home Home

03012004 Chg-P CR2E034 (10/03)

City & State City & State
 Miami, FL Miami, FL

4. FEI Number Applied For
 65-1113195 Not Applicable

Zip Country Zip Country
 33144 Jade 33144 Jade

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

6. Name and Address of Current Registered Agent
 COLLAR, MILAGROS
 15911 SW 99 PLACE
 MIAMI, FL 33157

7. Name and Address of New Registered Agent
 Name Collar Millie
 Street Address (P.O. Box Number is Not Acceptable)
 7200 SW 7 Street
 Miami
 City FL Zip Code 33144

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, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLAR, MILAGROS 15911 SW 99 PLACE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLAR, JUAN 15911 SW 99 PLACE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Collar Millie 7200 SW 7 Street Miami FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Collar Juan 7200 SW 7 Street Miami FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Millie Collar McEllan 03/12/04 (305)261-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #