


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90331 004 ***150.00

DOCUMENT # P01000058942

1. Entity Name
COLLAR PHOTO & VIDEO, INC.



Principal Place of Business
**8410 W. FLAGLER
SUITE 204
MIAMI FL 33144**

Mailing Address
**8410 W. FLAGLER
SUITE 204
MIAMI FL 33144**



2. Principal Place of Bysiness
8410 W. Flagler

3. Mailing Address
8410 West Flagler

Suite, Apt. #, etc.
204

City & State
Miami FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113195**

Applied For
 Not Applicable

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 **Milagros Collar**

Street Address (P.O. Box Number is Not Acceptable)
15911 SW 99 PL Miami

City **Miami** FL Zip Code **33157**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2003 Fee will be \$550.00~~
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collar, Milagros	
STREET ADDRESS	15911 SW 99 Place	
CITY-ST-ZIP	Miami FL 33157	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collar, Juan	
STREET ADDRESS	15911 SW 99 Place	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Milagros Collar* (Milagros Collar) 04/23/03 305-223 0233

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

CR2E034 (10/02)