

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000120258

1. Entity Name

CHRISTINE'S COLLECTION, INC.



Principal Place of Business

1930 TIMBERLINE RD
WESTON, FL 33327

Mailing Address

1930 TIMBERLINE RD
WESTON, FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MELAMED, ELLIOT
12000 BISCAYNE BLVD STE 405 12460 W. ATLANTIC BLVD.
MIAMI, FL 33184 CORAL SPRINGS, FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

24000518

01062004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1158453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MELAMED, CHRISTINE
STREET ADDRESS 1930 TIMBERLINE RD
CITY-ST-ZIP WESTON, FL 33327

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

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: *Christine Melamed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 (954) 757-3333

Date

Daytime Phone #