

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000004615

1. Entity Name
REPLICA COLLECTION, INC.



Principal Place of Business

1250 EAST HALLANDALE BEACH BLVD #1002
HALLANDALE, FL 33009

Mailing Address

1250 EAST HALLANDALE BEACH BLVD #1002
HALLANDALE, FL 33009



08152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0578293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHMAN, HAROLD A
1250 EAST HALLANDALE BEACH BLVD #1002
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 Harold A. Richman Harold A. Richman, Pres 8/22/06
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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RICHMAN, HAROLD A
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD #1002
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE DVS
NAME RICHMAN, ALINA
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD #1002
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harold A. Richman HAROLD A. RICHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, mo Phone #