

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90035 048 ***150.00

DOCUMENT # P02000065603

1. Entity Name
SPORTS COLLECTION, INC.



Principal Place of Business

203 E. FLAGLER ST
MIAMI, FL 33131

Mailing Address

203 E. FLAGLER ST
MIAMI, FL 33131

54013403

2. Principal Place of Business

3. Mailing Address

2525 N STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

01302004

Chg-P

CR2E034 (10/03)

City & State

City & State

HALLOWOOD, FL

4. FEI Number

01-0715725

Applied For

Not Applicable

Zip

Country

Zip

33021

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, RONI
3200 N 37TH AVE
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

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

4101 E. LAKE ESTATES DR

City

DAVIE

FL

Zip Code

33328

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

02-27-04

**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: **P** ☐ Delete
NAME: **COHEN, RONI**
STREET ADDRESS: **3200 N 37TH AVE**
CITY-ST-ZIP: **HOLLYWOOD, FL 33021**

TITLE: ☒ Change ☐ Addition
NAME: **4101 E. LAKE ESTATES DR**
STREET ADDRESS: **DAVIE, FL 33328**
CITY-ST-ZIP: **DAVIE, FL 33328**

TITLE: **V** ☐ Delete
NAME: **COHEN, RINA**
STREET ADDRESS: **3200 N 37TH AVE**
CITY-ST-ZIP: **HOLLYWOOD, FL 33021**

TITLE: ☒ Change ☐ Addition
NAME: **4101 E. LAKE ESTATES DR**
STREET ADDRESS: **DAVIE, FL 33328**
CITY-ST-ZIP: **DAVIE, FL 33328**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-04

Date

305-391-4412

Daytime Phone #