


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000079686		
1. Entity Name ALIANZ COLLEZIONE, INC		
Principal Place of Business 3851 62ND AVE. NORTH UNIT C PINELLAS PARK, FL 33781-6007		Mailing Address 3851 62ND AVE. NORTH UNIT C PINELLAS PARK, FL 33781-6007
DO NOT WRITE IN THIS SPACE		
		01122004 No Chg-P CR2E034 (10/03)
4. FEI Number 90-0042021		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCGILL, MARIA 3851 - C 62ND AVENUE, N SEMINOLE, FL 33777		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 <u><i>Maria McGill</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, MARIA 6630 BURNING TREE DR. SEMINOLE, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVIATOGOR, IOULIA V 5626 GULFPORT BLVD., #2 ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(f), 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: <u><i>Maria McGill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		

**DO NOT WRITE
IN THIS SPACE**