2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

Phincipal Place of Bushness 3801 SOUTH OCEAN DR 3801 SOUTH OCEAN DR 3801 SOUTH OCEAN DR 3801 SOUTH OCEAN DR 111 HOLLYWOOD, FL 33019 US DO NOT WRITE IN THIS SPACE Applied For Sec. 05/51/280 Applied For Sec. 05/51/280 Sec	DOCUMENT # P02 1. Entity Name THE M.O. COLLECTION,		 				zouti y or se	
DO NOT WRITE IN THIS SPACE A FEI Number S2-0571280	3801 SOUTH OCEAN DR 3801 SOUTH OCEAN DR 11-J					الواجع الإلا والله	JUNDU JUSUD SEGUI DOJA STRVA IIISVOL SI IN	IV:
DO NOT WRITE IN THIS SPACE 8. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Specime, upose or printed name or registered agent and visit is applicable. In the Engineer Agent speciment reviewed them refreshing. FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OLIVA, MARTHA SIRET ADDRESS CITY-ST-2P HOLLYWOOD, FL 33019 10. INLE MAKE SIRET ADDRESS CITY-ST-2P HOLLYWOOD, FL 33019 10. INLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE						04182005 No Chg-P CR2E034 (10/03) 4. FEI Number		
The obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS Trust Fund Contribution. INLE NAME SIRET ADDRESS CITY-ST-2P ITILE NAME SIRET ADDRESS CITY-ST	OLIVA, JOSEPH 3801 SOUTH OCEAN DR 11-J	· <u>-</u> .						.
10. OFFICERS AND DIRECTORS 104/28/05-80093-007 150.00 NAME SIRECT ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 INILE NAME SIRECT ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 THE NAME SIRECT ADDRESS SIRECT AD	the obligations of registered agent SIGNATURE Signature, typed or printed nam FILE NOW!!! FEE IS	of registered agent and file if applicable 9. Ele	NOTE Registers	ed Agent signature require	d when reinstating)	th, in the State of Flori		cept
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	10. POINT NAME OLIVA, MARTHA STREET ADDRESS 3801 SOUTH OCE CITY-ST-ZIP HOLLYWOOD, FL 11TLE VS NAME OLIVA, JOSEPH STREET ADDRESS 3801 SOUTH OCE	AN DR, 11-J			4 2 4 4		0039033 -80093-007 150.	00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied will 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 regort or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 empty fixed.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	on supplied with this filing does	not qualify for the exc ate and that movions	emption stated in Status the	ection 119.07(3)((1), Florida Statutes. I f	urther certify that the informa	tion

SIGNING OFFICER OR DIRECTOR