

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000119023	
1. Entity Name THE M.O. COLLECTION, INC.	



Principal Place of Business 3801 SOUTH OCEAN DR 11-J HOLLYWOOD, FL 33019 US	Mailing Address 3801 SOUTH OCEAN DR 11-J HOLLYWOOD, FL 33019 US
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DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0571280	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 OLIVA, JOSEPH 3801 SOUTH OCEAN DR 11-J HOLLYWOOD, FL 33019

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVA, MARTHA 3801 SOUTH OCEAN DR, 11-J HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS OLIVA, JOSEPH 3801 SOUTH OCEAN DR, 11-J HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS 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 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: JOSEPH OLIVA 4-26-05 786-295-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #