


**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90364 006 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000008718</b> 1. Entity Name <b>ROBERT STEPHEN SIMON COLLECTIBLES, INC.</b>	
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Principal Place of Business <b>2700 SOUTH OAKLAND FOREST DRIVE          501          FT LAUDERDALE, FL 33309</b>	Mailing Address <b>2800 E. COMMERCIAL BLVD          #208          FT LAUDERDALE, FL 33308</b>
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2. Principal Place of Business	3. Mailing Address	04062004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEE Number <b>223892689</b>		Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip		

<b>6. Name and Address of Current Registered Agent</b> <b>KATZ, ALLEN H</b> <b>2800 E. COMMERCIAL BLVD</b> <b>#208</b> <b>FT LAUDERDALE, FL 33308</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <span style="float: right;"><b>FL</b></span> Zip Code _____
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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 \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>SIMON, ROBERT S</b> <b>2700 SOUTH OAKLAND FOREST DRIVE #501</b> <b>FT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Simon Ceo Robert Simon 4/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert Simon Ceo