2005 FOR PROFIT CORPORATION ...

FILED 2005 08:00 AM e

ANNUAL REPURI					Secretary of Stat		
1. Entity Name	ENT # P03000032 COLLECTION NO. 2 INC.				Se	ecretary of Sta	
Principal Place of B 5257 VICTORIA CI WEST PALM BEAC	IRCLE	Mailing Address 5257 VICTORIA CIRCLE WEST PALM BEACH, FL 33409	•	- 	11 54 51111 15 511 15 115 11 11	I ANIMO SIIIK IIKKI LOIK KIIKKI KIIKK KIIIKK	
DO NOT WRITE IN THIS SPA			CE	04072005 4. FEI Number 72-1560	No Chg-P	CR2E034 (10/03) Applied For Not Applicable	
6.	. Name and Address of Current F	legistered Agent		5. Certificate o	f Status Desired	S8.75 Additional Fee Required	
OINOUNOU, A 5257 VICTORI WEST PALM E		-			NOT W		
the obligations of	ed entity submits this statement for of registered agent.	the purpose of changing its registers	ed affice or register		, in the State of Flo	ridá. Í am familiar with, and accept	
FILE NO	OW!!! FEE IS \$150.00 I, 2005 Fee will be \$550.0	9. Election Campaign Finar	ncing \$5,	.00 May Be ed to Fees			
10.	OFFICERS AND I	PRECTORS		,			
NAME OIN STREET ADDRESS 525	NOUNOU, AVRAHAM 37 VICTORIA CIRCLE ST PALM BEACH, FL 33409				. U0000	0305520 -8086-013 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				•	04/14/03	-20355-013 130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			eri e				
TITLE			<u></u>			- A	

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

AVAHAM DITONOV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR