



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90014 037 \*\*\*158.75

<b>DOCUMENT # P04000111750</b> 1. Entity Name <b>THE COLLECTION KITCHEN &amp; BATH, INC.</b>					
Principal Place of Business <b>3000 NW 77 CT</b> <b>MIAMI, FL 33122</b> <i>NEW ADDRESS</i>			Mailing Address <b>3000 NW 77 CT</b> <b>MIAMI, FL 33122</b>		
2. Principal Place of Business <b>6402 PEMBROKE Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6402 PEMBROKE Rd.</b> Suite, Apt. #, etc.			
City & State <b>MIRAMAR FL.</b>		City & State <b>MIRAMAR FL.</b>		4. FEI Number <b>20-1429433</b>	
Zip <b>33023</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARIAS, DAVID I.</b> <b>3000 NW 77 CT</b> <b>MIAMI, FL 33122</b> <b>6402 PEMBROKE Rd.</b> <b>MIRAMAR FL 33023</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <i>David I. Arias</i> <span style="float: right;">DATE: <i>May 8, 2005</i></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>ARIAS, DAVID I</b> <b>3000 NW 77 CT</b> <b>MIAMI, FL 33122</b> <i>6402 PEMBROKE Rd.</i> <i>MIRAMAR FL 33023</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>GONZALEZ, LEONEL E</b> <b>3000 NW 77 CT</b> <b>MIAMI, FL 33122</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>David I. Arias</i> <span style="float: right;">DATE: <i>DAVID I. ARIAS</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*954-322-9087*