

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

06-30-2005 90003 020 ***150.00
07-14-2005 90080 032 ***408.75

DOCUMENT # P04000125237 1. Entity Name EDDIE KANES COLLECTION INC.																															
Principal Place of Business 17721 NORTHWEST 14TH PLACE MIAMI GARDENS FL 33169		Mailing Address 17721 NORTHWEST 14TH PLACE MIAMI GARDENS FL 33169																													
2. Principal Place of Business 19818 NW 34th Ave		3. Mailing Address 19818 NW 34th Ave																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State Opalocka, FL		City & State Opalocka, FL																													
Zip 33050		Zip 33050																													
Country 		Country 																													
4. FEI Number 23-8013094		<input checked="" type="checkbox"/> 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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 remaining) DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP CLEMONS, JAYSON A 17721 NORTHWEST 14TH PLACE MIAMI GARDENS FL 33169 <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLEMONS, JAYSON A 17721 NORTHWEST 14TH PLACE MIAMI GARDENS FL 33169 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> KP JAYSON CLEMONS 19818 NW 34th Ave Opalocka, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KP JAYSON CLEMONS 19818 NW 34th Ave Opalocka, FL 33054 <input checked="" 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: <u><i>Jayson A. Clemens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/1/05</u> Daytime Phone: <u>786-317-7879</u>																													