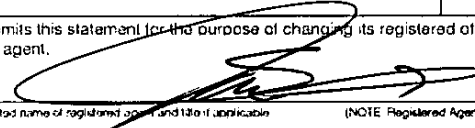
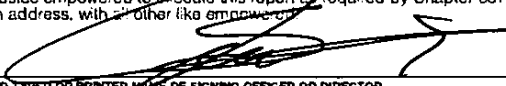


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 026 ***150.00

DOCUMENT # P04000136328 1. Entity Name THE NEW COLLECTION CORP.					
Principal Place of Business 17456 S.W. 33RD CT. MIRAMAR, FL 33029			Mailing Address 17456 S.W. 33RD CT. MIRAMAR, FL 33029		
2. Principal Place of Business 17456 S.W. 33 CT. Suite, Apt. #, etc. N/A			3. Mailing Address SAME Suite, Apt. #, etc. N/A		
City/State MIRAMAR			City/State FLA.		
Zip 33029		Country USA.		4. FFL Number 30-0283485	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, RENE L 17456 S.W. 33RD CT. MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name N/A 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  DATE 4/12/05 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing)					
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANA, RENE L SR. 17456 S.W. 33RD CT. MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, MARITZA 17456 S.W. 33RD CT. MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 other like empowered.					
SIGNATURE:  DATE 4/12/05 804-431-4028 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					