2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165192

Address:

City-St-Zip:

Entity Name: M.B.M. COLLECTIONS, INC.

FILED Apr 26, 2006 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9495 SW 112 AVENUE MIAMI, FL 33176				9495 SW 112 AVENUE MIAMI, FL 33176 DA		
Current Mailing Address:			New Maili	New Mailing Address:		
9495 SW 112 AVENUE MIAMI, FL 33176				9495 SW 112 AVENUE MIAMI, FL 33176 DA		
FEI Number Applied For (X)		FEI Number Not App	licable () Certificate of Status Desire	ed ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
MOLL, KARINA 9495 SW 112 AVENUE MIAMI, FL 33176 US			11203 N. K A-205	MOLL, KARINA 11203 N. KENDALL DR. A-205 MIAMI, FL 33176 DA US		
	named entity subm e of Florida.	its this statement for the p	ourpose of changing i	ts registered office or registered agent,	or both,	
SIGNATURE:				04/26/2006		
	Electronic Sig	nature of Registered Age	ent	Date		
Election Car	mpaign Financing Trus	t Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete MOLL, KARINA 9495 SW 112 AVENU MIAMI, FL 33176		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MOLL, KARINA 11203 N. KENDALL DR., A-205 MIAMI, FL 33176 DA		
Title: Name: Address: City-St-Zip:	S/TR () Delete MARTINEZ, ROSA 13426 SW 64 LANE MIAMI, FL 33183	e	Title: Name: Address: City-St-Zip:	S/TR (X) Change () Addition MARTINEZ, ROSA 9494 SW 112 AVENUE MIAMI, FL 33176 DA		
Title: Name:	() Delete	9	Title: Name:	D () Change (X) Addition MOLL, LILIA		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

9495 S.W. 112 AVENUE

MIAMI, FL 33176 DA

SIGNATURE: LILIA MOLL D 04/26/2006