
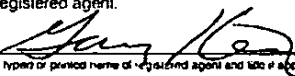



**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 031 \*\*\*150.00

<b>DOCUMENT # P05000120949</b> 1. Entity Name <b>THE ALPHA OMEGA COLLECTION, INC.</b>			
Principal Place of Business <b>169 E FLAGLER ST - # 10</b> <b>MIAMI FL 33131</b>		Mailing Address <b>169 E FLAGLER ST - # 10</b> <b>MIAMI FL 33131</b>	
2. Principal Place of Business <b>169 E. Flagler St.</b> Suite, Apt. #, etc. <b># 1032</b>		3. Mailing Address <b>169 E. Flagler St.</b> Suite, Apt. #, etc. <b># 1032</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20 3406725</b>		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 <b>POSADA, LUCIA</b> <b>169 E FLAGLER ST - # 10</b> <b>MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>169 E. Flagler St. #1032</b> City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>4-3-06</b>	
<b>FILE NOW!!! FEE IS \$150.00.</b> After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD <input type="checkbox"/> Delete NAME POSADA, LUCIA STREET ADDRESS 169 E FLAGLER ST - # 10 CITY-ST-ZIP MIAMI FL 33131	TITLE VPD <input type="checkbox"/> Delete NAME KOENIG, GARY STREET ADDRESS 169 E FLAGLER ST - # 10 CITY-ST-ZIP MIAMI FL 33131	TITLE TO <input type="checkbox"/> Delete NAME POSADA, ALFONSO STREET ADDRESS 169 E FLAGLER ST - # 10 CITY-ST-ZIP MIAMI FL 33131	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <b>GARY KOENIG</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>4-3-06</b> <small>Date</small>	
		DAYTIME PHONE: <b>866-881-3837</b> <small>Daytime Phone #</small>	