

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000036034

**FILED**  
**Sep 02, 2008**  
**Secretary of State****Entity Name:** ANCIENT TIMES COLLECTION, INC.**Current Principal Place of Business:**9492 S. DIXIE HWY.  
SUITE 101  
MIAMI, FL 33156 US**New Principal Place of Business:**790 SW 57 AVENUE  
MIAMI, FL 33144 US**Current Mailing Address:**5563 SW 6 ST  
MIAMI, FL 33134**New Mailing Address:****FEI Number:** 20-5844883**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ECHEVARRIA, DUNKAN R  
Address: 5563 S.W. 6TH ST.  
City-St-Zip: MIAMI, FL 33134 US

Title: TRES (X) Delete  
Name: CERMENO, LUIS J  
Address: 5563 S.W. 6TH ST.  
City-St-Zip: MIAMI, FL 33134 US

Title: SECT ( ) Delete  
Name: ECHEVARRIA, DUNKAN R  
Address: 5563 S.W. 6TH ST.  
City-St-Zip: MIAMI, FL 33134 US

Title: DIR ( ) Delete  
Name: ECHEVARRIA, DUNKAN R  
Address: 5563 S.W. 6TH ST.  
City-St-Zip: MIAMI, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DUNKAN R ECHEVARRIA

OWNE

09/02/2008

Electronic Signature of Signing Officer or Director

Date