APR-29-2004 08:44 FROM:ACCURATE ACTG 5612660780

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90755 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000036830

1. Entity Name
WE ARE ANTIQUES, INC.

04040JJJ1

Principal Place of Business
3699 DIXIE HWY
OAKLAND PARK, FL 33334-2921

Mailing Address
3699 DIXIE HWY
OAKLAND PARK, FL 33334-2921

2. Principal Place of Business	3. Mailing Address
1130 NE 7 AVE	PO 5765
Suite, Apt. #, etc. #12	Suite, Apt. #, etc.
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33304 Country USA	Zip 33310 Country USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 26-4613531 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STOFFERS, CARL B
3699 DIXIE HWY
OAKLAND PARK, FL 33334-2921

7. Name and Address of New Registered Agent
Name STOFFERS, CARL B
Street Address (P.O. Box Number Is Not Acceptable) 1130 NE 7 AVE #12
City FORT LAUDERDALE FL Zip Code 33304

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 X Carl Stoffers
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	D STOFFERS, CARL B 809 SW 2ND CT. FT. LAUDERDALE, FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Carl Stoffers 4/24/04 954 763 8738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #