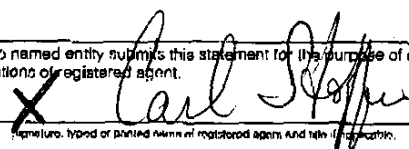
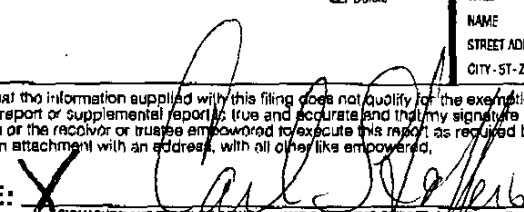


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90755 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000036830			
1. Entity Name WE ARE ANTIQUES, INC.			
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 1130 NE 7 AVE		3. Mailing Address PO 5765	
Suite, Apt. #, etc. #12		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33304		Zip 33310	
Country USA		Country USA	
4. FEI Number 264813531		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 Now 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 		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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 119.07(3)(l), 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 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: 		4/24/04 954763 8738	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

J404J001



04272004 Chg-P CR2E034 (10/03)