

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90036 030 ***150.00

DOCUMENT # P98000080905 1. Entity Name COLLECTABLES OF THE FAMOUS, INC.			
Principal Place of Business 101 N. OCEAN DRIVE HOLLYWOOD, FL 33019		Mailing Address 101 N. OCEAN DRIVE HOLLYWOOD, FL 33019	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5295 SW 33RD WAY Suite, Apt. #, etc.	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33312	Country	Zip 33312	Country
6. Name and Address of Current Registered Agent HILSENROTH, JANE 2800 PALMER DR HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5295 SW 33RD WAY City HOLLYWOOD FL Zip Code 33312	
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 (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILSENROTH, BARRY	NAME	HILSENROTH, BARRY
STREET ADDRESS	2800 PALMER DR.	STREET ADDRESS	5295 SW 33RD WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILSENROTH, JANE	NAME	HILSENROTH, JANE
STREET ADDRESS	2800 PALMER DR.	STREET ADDRESS	5295 SW 33RD WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barry Hilsenroth, Pres. BARRY HILSENROTH, Pres. 4/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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4. FEI Number 59-3543745 Applied For Not Applicable

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