

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90215 014 ***150.00

DOCUMENT # P98000098539

1. Entity Name

CHRISTINA'S COLLECTIONS, INC.



Principal Place of Business

777 NW 72 AVENUE
SUITE #28B5
MIAMI FL 33126

Mailing Address

777 NW 72 AVENUE
SUITE #28B5
MIAMI FL 33126



2. Principal Place of Business

777 N.W. 72 AVENUE

Suite, Apt. #, etc.

SUITE # 2AA16

City & State

MIAMI, FL.

3. Mailing Address

777 N.W. 72 AVE

Suite, Apt. #, etc.

SUITE # 2AA16

City & State

MIAMI, FL

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0877326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMAN, MARGARET K
17204 SW 80 COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: LAMAN, MARGARET K
STREET ADDRESS: 777 NW 72 AVENUE, #28B5
CITY-ST-ZIP: MIAMI FL 33126

TITLE: V
NAME: HEW, ROBERT
STREET ADDRESS: 13704 SW 110 COURT
CITY-ST-ZIP: MIAMI FL 33176

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST
NAME: LAMAN, MARGARET K
STREET ADDRESS: 777 N.W. 72 AVE, #2AA16
CITY-ST-ZIP: MIAMI, FL 33126

TITLE:
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret K. Laman 2/21/05

Date

Daytime Phone #

(305) 269-9422