

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90097 045 ***150.00

DOCUMENT # P98000098539 1. Entity Name CHRISTINA'S COLLECTIONS, INC.			
Principal Place of Business 777 N.W. 72 AVENUE SUITE #2AA16 MIAMI, FL 33126		Mailing Address 777 N.W. 72 AVENUE SUITE #2AA16 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 777 N.W. 72 AVENUE Suite, Apt. #, etc. SUITE # 2065		3. Mailing Address 777 N.W. 72 AVENUE Suite, Apt. #, etc. SUITE # 2065	
City & State MIAMI		City & State MIAMI	
Zip 33126	Country	Zip 33126	Country
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: DATE: 1/5/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 PST <input type="checkbox"/> Delete NAME LAMAN, MARGARET K STREET ADDRESS 777 N.W. 72 AVE. #2AA16 CITY-ST-ZIP MIAMI, FL 33126	TITLE PST <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME LAMAN, MARGARET K STREET ADDRESS 777 N.W. 72 AVE. #2065 CITY-ST-ZIP MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME HEW, ROBERT STREET ADDRESS 13704 SW 110 COURT CITY-ST-ZIP MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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:		Date: 1/5/2007 (305) 269-9422	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	