


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90105 004 ***150.00

DOCUMENT # P98000098971 1. Entity Name ELLA'S SILVER COLLECTION, INC.																																					
Principal Place of Business 5151 S.W. 159TH AVE MIRAMAR, FL 33027			Mailing Address 5151 S.W. 159TH AVE MIRAMAR, FL 33027																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		Zip																																	
Country		Country		4. FEI Number 65-0879374																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent ARONOV, ELLA 5151 S.W. 159TH AVE MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name <u>Michael Aronov</u> Street Address (P.O. Box Number is Not Acceptable) <u>5151 SW 159th Avenue</u> City <u>MIRAMAR</u> <u>FL</u> Zip Code <u>33027</u>																																	
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: <u>Michael Aronov</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>01/27/04</u>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ARONOV, ELLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5151 S.W. 159TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33027</td> <td></td> </tr> </table>			TITLE	P	Delete <input checked="" type="checkbox"/>	NAME	ARONOV, ELLA		STREET ADDRESS	5151 S.W. 159TH AVE		CITY-ST-ZIP	MIRAMAR, FL 33027		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Michael Aronov</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5151 S.W. 159th Ave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33027</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	P	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	NAME	Michael Aronov				STREET ADDRESS	5151 S.W. 159th Ave				CITY-ST-ZIP	MIRAMAR, FL 33027			
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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: <u>Michael Aronov</u> DATE: <u>01/27/04</u> Daytime Phone # _____																																					

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