


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90003 002 \*\*\*150.00

<b>DOCUMENT # P98000099247</b>	
1. Entity Name <b>E &amp; S COLLEZIONI, INC.</b>	

Principal Place of Business <b>3161 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311</b>	Mailing Address <b>4725 NW 99 LN CORAL SPRING, FL 33076</b>
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**54025849**

2. Principal Place of Business <b>7480 W. Commercial Blvd</b>	3. Mailing Address <b>4725 NW 99 LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04012004 Chg-P CR2E034 (10/03)

City & State <b>Lauderhill, FL</b>	City & State <b>Coral Springs FL</b>
Zip <b>33319</b>	Zip <b>33076</b>
Country <b>Broward</b>	Country <b>Broward</b>

4. FEI Number <b>65-0879083</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KOPTIEV, STANISLAW 3161 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311</b>	
7. Name and Address of New Registered Agent Name <b>STANISLAW KOPTIEV</b> Street Address (P.O. Box Number is Not Acceptable) <b>7480 W. COMMERCIAL BLVD</b> <b>LAUDERHILL</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33319</b>	

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: <b>Stanislaw Koptiev / Svetlana Koptiev</b>	DATE: <b>04.02.04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPTIEV, SVETLANA 4725 NW 99 LANE CORAL SPRING, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Stanislaw Koptiev / Svetlana Koptiev</b>	DATE: <b>04.02.04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	