2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004607

1. Entity Name

SUITE 570

806 DOUGLAS ROAD

CORAL GABLES, FL 33134

COLLINS CAPITAL ADVISORS, INC.

Principal Place of Business Mailing Address

806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134

FILED Mar 10, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0948201

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINDHORST, KENT A 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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 lamiliar with, and accept the obligations of registered agent.							
SIGNATURE							
Live Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		· -	\$5.00 May Be Added to Fees	03/26/08-8		150.00	
10.∙	OFFICERS AND DIRECT	TORS			·		
TITLE NAME, STREET ADDRESS CITY-ST-ZIP	DCEO WEAVER, DOROTHY C 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134				•		٠
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, MICHAEL J 806 DOUGLAD ROAD SUITE 570 CORAL GABLES, FL 33134						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO WINDHORST, KENT A 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COBB, JEFFREY B 2600 POST RD SOUTHPORT, CT 06490			IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,,,	•	,		
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STREET ADDRESS CITY-ST-ZIP		to a contract of	, W	The Mark of			
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.							