2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # K64735 1. Entity Name 760 COLLINS, INC. Principal Place of Business Mailing Address 103 GREENE STREET 103 GREENE STREET NEW YORK, NY 10012 NEW YORK, NY 10012 No Chg-P CR2E034 (10/03) 01122004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1834746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COURTNEY, MARLO DO NOT WRITE 650 OCEAN DRIVE MIAMI BCH, FL 33139 IN THIS SPACE 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, typed or printed name of registered agent and tide il applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 33111 NAME GOLDMAN, ANTHONY 103 GREENE ST. U00000135517 04/28/04-80060-025 150.00 STREET ADDRESS CITY-ST-ZIP NEW YORK NY, TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

HITLE NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

305-531-44

FILED