


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90342 047 \*\*\*\*61.25

<b>DOCUMENT # 714126</b> 1. Entity Name 421 COLLINS BUILDING, INC.	
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Principal Place of Business 421 COLLINS AVENUE MIAMI, FL 33139	Mailing Address P.O. BOX 292874 DAVIE, FL 33329
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**50038504**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03232005 Chg-NP CR2E037 (10/03)

City & State	City & State
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4. FEI Number 59-1205918	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
L.J. SERVICES  
5031 S.W. 94TH AVE  
COOPER CITY, FL 33328

**7. Name and Address of New Registered Agent**  
Name L.J. SERVICES Group, Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
1941 NW 86 Ave  
City Pembroke Pines FL Zip Code 33024

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 Linda E. Johnson / Linda E. Johnson DATE 4/1/05  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25.  
Due by May 1, 2005.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, STEVE	
STREET ADDRESS	421 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, JEAN	
STREET ADDRESS	421 COLLINS AVE	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, JEAN	
STREET ADDRESS	421 COLLINS AVE 2	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RENE	
STREET ADDRESS	421 COLLINS AVE 4	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAPHAEL, RICK	
STREET ADDRESS	421 COLLINS AVE., #1	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Smith	
STREET ADDRESS	421 Collins Ave # 4	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Kennedy	
STREET ADDRESS	421 Collins Ave # 3	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlotta Romita	
STREET ADDRESS	421 Collins Ave #5	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: [Signature] DATE 04-12-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR