

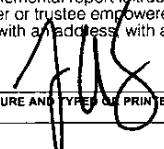


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90007 003 \*\*\*150.00

<b>DOCUMENT # V23150</b> 1. Entity Name 1651 NORTH COLLINS CORP.					
Principal Place of Business 9000 S.W. 152 STREET SUITE 106 MIAMI, FL 33157 US			Mailing Address 9000 S.W. 152 STREET SUITE 106 MIAMI, FL 33157 US		
2. Principal Place of Business 9155 S. DADELAND BLVD Suite, Apt. #, etc. #1602		3. Mailing Address 9155 S. DADELAND Suite, Apt. #, etc. #1602			
City & State Miami FL		City & State Miami FL		02222006 Chg-P CR2E034 (11/05)	
Zip 33156 Country USA		Zip 33156 Country USA		4. FEI Number 65-0350574	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  BROWN, B. MACKAY ESQUIRE 9000 S.W. 152 STREET SUITE 106 MIAMI, FL 33157			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 9155 S. Dadeland Blvd #1602 City Miami FL Zip Code 33156		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANZ, JOSEPH A 9000 S.W. 152 STREET, STE. 106 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9155 S. DADELAND BLVD #1602 MIAMI FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICARDO, QUADRONI 9000 S.W. 152 STREET, STE. 106 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUHRMASTER, NORMAN J 9000 S.W. 152 STREET, STE. 106 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input 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
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 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.					
SIGNATURE: 			2/28/06 2/28/06 Date Daytime Phone #		