2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000072843

1. Entity Name
COLLIER PROPERTY AND BUSINESS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181

66007692

DO NOT WRITE IN THIS SPACE

02102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1129781	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POMERANZ, MARK L
12955 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI, FL 33181

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2006 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POMERANZ, ROY H.
STREET ADDRESS	12955 BISCAYNE BOULEVARD, SUITE 202
CITY-ST-ZIP	MIAMI, FL 33181

TITLE	
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CITY-ST-ZIP	

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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: _Roy H Pomeranz, as Dr_   3/25/06   (305) 891-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #