

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # V23150

1. Entity Name
1651 NORTH COLLINS CORP.



Principal Place of Business

9155 S. DADELAND BLVD
SUITE 1602
MIAMI, FL 33156 US

Mailing Address

9155 S. DADELAND BLVD
SUITE 1602
MIAMI, FL 33156 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0350574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQUIRE
9155 S. DADELAND BLVD
SUITE 1602
MIAMI, FL 33156

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANZ, JOSEPH A
STREET ADDRESS 9155 S. DADELAND BLVD SUITE 1602
CITY-ST-ZIP MIAMI, FL 33156

TITLE VP
NAME RICARDO, QUADRONI
STREET ADDRESS 9155 S. DADELAND BLVD SUITE 1602
CITY-ST-ZIP MIAMI, FL 33156

TITLE S
NAME BUHRMASTER, NORMAN J
STREET ADDRESS 9155 S. DADELAND BLVD SUITE 1602
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/25/08-80009-020 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/08

Date

305-2788400

Daytime Phone #