I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE: LUCA QUADRONI	PRESIDENT	03/22/2016

Name BAKER, BRIAN L.

Address C/O BRIAN L. BAKER CPA, P.A. 2665 S. BAYSHORE DR. SUITE 220

ASST. TREASURER

QUADRONI, LUCA

**VIA INDUSTRIA 31** 

6934 BIOGGIO

City-State-Zip: MIAMI FL 33133

SIGNATURE:	BARRY D. LAPIDES	03/22/2	016
	Electronic Signature of Registered Agent	Date	

Title

Name

Address

City-State-Zip:

## L

DIRECTOR, PRESIDENT, TREASURER

Entity Name: 1651 NORTH COLLINS CORP.

**Current Principal Place of Business:** 

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

C 1450 BRICKELL AVE., SUITE 1900 MIAMI, FL 33131 US

**Officer/Director Detail :** 

Title

Name

Title

Address

City-State-Zip:

DOCUMENT# V23150

**Current Mailing Address:** 

MIAMI, FL 33133 US

C/O BRIAN L. BAKER CPA, P.A. 2665 S. BAYSHORE DR. SUITE 220

VIA INDUSTRIA 31 6934 BIOGGIO.

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.

FEI Number: 65-0350574	Certificate of Status Desired: No
Name and Address of Current Registered Agent:	
LAPIDES, BARRY D C/O BERGER SINGERMAN LLP	
1450 BRICKELL AVE SUITE 1900	

Date

Electronic Signature of Signing Officer/Director Detail

SECRETARY

LAPIDES, BARRY D

MIAMI FL 33131

C/O BERGER SINGERMAN LLP

1450 BRICKELL AVE. SUITE 1900