


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 031 ***150.00

DOCUMENT # 247449 1. Entity Name COLLINS-33RD STREET REALTY CORP					
Principal Place of Business 4041 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 4041 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business 1025 Kane Concourse Suite, Apt. #, etc. 215		3. Mailing Address 1025 Kane Concourse Suite, Apt. #, etc. 215		50011470	
City & State Bay Harbor Islands, FL Zip 33154 Country USA		City & State Bay Harbor Islands, FL Zip 33154 Country USA		01142005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-0932583				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COHEN, ALAN 4041 COLLINS AVE MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name: COHEN, ALAN Street Address (P.O. Box Number is Not Acceptable): 1025 Kane Concourse, Suite 215 City: Bay Harbor Islands FL Zip Code: 33154		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ALAN 4041 COLLINS AVENUE MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, JOEL 4041 COLLINS AVENUE MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete	<input type="checkbox"/> Delete			
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>Alan Cohen</u> Date: <u>2 Feb 05</u> (305) 867-2245					