


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90024 015 ****70.00

DOCUMENT # 711734					
1. Entity Name 827 COLLINS BUILDING, INC.					
Principal Place of Business 825 COLLINS AVENUE #10 MIAMI BEACH, FL 33139 US			Mailing Address C/O TERESITA C. MIGLIO, CPA PO BOX 440282 MIAMI, FL 33144 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0492276	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIGLIO, TERESITA C CPA 310 SW 67TH COURT MIAMI, FL 33144			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>VP/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBREY, MARITZA		NAME	<i>Maritza Aubrey</i>	
STREET ADDRESS	17306 SW 40 PLACE		STREET ADDRESS	<i>1111 - 102 Ave. N.E. # 225</i>	
CITY-ST-ZIP	BELLEVUE, WA		CITY-ST-ZIP	<i>BELLEVUE, WA 98004</i>	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTEA, AUBREY		NAME		
STREET ADDRESS	1111- 102 AVE NE #239		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98004		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODOY, HECTOR		NAME		
STREET ADDRESS	825 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<i>T/S/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAFAT, SAM		NAME	<i>Sam Arafat</i>	
STREET ADDRESS	825 COLLINS AVE #1		STREET ADDRESS	<i>825 Collins Ave #1</i>	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	<i>Miami Beach, FL 33139</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>SAM ARAFAT</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		SAM ARAFAT, SECRETARY		Daytime Phone #	

94039984



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