2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711734

City-St-Zip:

MIAMI BEACH, FL 33139

Entity Name: 827 COLLINS BUILDING, INC

FILED Apr 19, 2006 Secretary of State

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Current Pr	rincipal Place	of Business:	New Principal Place of Business:		
825 COLLII #10	NS AVENUE				
	CH, FL 33139) US			
Current Mailing Address:			New Mailing Address:		
309 23RD 8	STREET				
#300 MIAMI REA	CH, FL 33139) US			
FEI Number: 65-0492276 FEI Number Applied For ()			FEI Number Not Appl	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
			Name and	Address of New Registered Agent.	
309 23RD 9 #300	STREET	E MANAGMENT			
MIAMI BEA	CH, FL 33139	US			
The above in the State		ubmits this statement for the pu	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () AUBREY, MARI 825 COLLINS A MIAMI BEACH,	VE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GODOY, HECTOR 825 COLLINS AVE MIAMI BEACH, FL 33139	
Title: PD () Delete Name: GODOY, HECTOR Address: 825 COLLINS AVE City-St-Zip: MIAMI, FL 33139			Title: Name: Address: City-St-Zip:	D (X) Change () Addition KROUZEK, PAVEL 825 COLLINS AVE MIAMI, FL 33139	
Title: Name: Address: City-St-Zip:	D () DOMINGUEZ, B 825 COLLINS A MIAMI BEACH,	VE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ZUECHNE, MEIKE 825 COLLINS AVE MIAMI BEACH, FL 33139	
Title: Name: Address: City-St-Zip:	D (X) GODOY, LENO 825 COLLINS A MIAMI BEACH,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) KROUZEK, PAV 825 FUCUD AV		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HECTOR GODOY D 04/19/2006