

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2008
Secretary of State**

DOCUMENT# 711734

Entity Name: 827 COLLINS BUILDING, INC.

Current Principal Place of Business:

825 COLLINS AVENUE
#10
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

309 23RD STREET
#300
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0492276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGATTA REAL ESTATE MANAGMENT
309 23RD STREET
#300
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GODOY, HECTOR
Address: 825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KROUZEK, PAVEL
Address: 825 COLLINS AVE
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: ZUECHNE, MEIKE
Address: 825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE LA TORRIENTE, COSME
Address: 825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change () Addition
Name: GODOY, HECTOR
Address: 825 COLLINS AVE
City-St-Zip: MIAMI, FL 33139

Title: T (X) Change () Addition
Name: ZUECHNE, MEIKE
Address: 825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Change (X) Addition
Name: AUBERRY, MARITIZA
Address: 825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Change (X) Addition
Name: KROUZEK, PAVEL
Address: 825 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TIM VODA

Electronic Signature of Signing Officer or Director

AGT

01/08/2008

Date