


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90016 016 ****61.25

DOCUMENT # 713432 1. Entity Name 713 COLLINS CONDOMINIUM, INC.					
Principal Place of Business 713 COLLINS AVENUE APT #21 MIAMI BEACH, FL 33139			Mailing Address 713 COLLINS AVENUE APT #21 MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1379861	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BORELLY, WILLIAM 713 COLLINS AVE #21 MIAMI BEACH, FL 33139				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, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM, BORELLY		NAME	DALIO MORALES	
STREET ADDRESS	713 COLLINS AVE #21		STREET ADDRESS	713 COLLINS AVE #21	
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOQUE, RAUL		NAME	MATHIDE ALEXANDER	
STREET ADDRESS	713 COLLINS AVE #35		STREET ADDRESS	12100 S.W. 47th	
CITY- ST- ZIP	MIAMI, FL 33139		CITY- ST- ZIP	MIAMI FL 33175	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTIS, CARLOS		NAME		
STREET ADDRESS	713 COLLINS AVE #31		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>William Borelly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/06 786 266 0977 <small>Date Daytime Phone #</small>		