

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2007 OCT 24 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	07192007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-1379861				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<del>BORELLY, WILLIAM 713 COLLINS AVE #21 MIAMI BEACH, FL 33139</del>			Name <u>Kevin Hickey</u>	
			Street Address (P.O. Box Number is Not Acceptable) <u>8220 Hawthorne Ave.</u>	
			City <u>Miami Beach</u>	FL Zip Code <u>33141</u>
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 <u>Kevin Hickey</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>9/8</u>
Amended AR is \$61.25		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, DALIO		NAME	
STREET ADDRESS	713 COLLINS AVE		STREET ADDRESS	<u>500111555745</u>
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	<u>10/31/07--01048--013 **61.25</u>
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ROBERTO		NAME	<u>Kevin Hickey</u>
STREET ADDRESS	4740 ALTON ROAD		STREET ADDRESS	<u>8220 Hawthorne Ave</u>
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	<u>Miami Beach FL 33141</u>
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, PAMELA		NAME	
STREET ADDRESS	6061 COLLINS AVE #22F		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		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	
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: <u>Dalio Morales</u>		Date <u>9/12/07</u>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				