

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90348 001 ****61.25
05-14-2007 90348 002 *****8.75

DOCUMENT # 751835

1. Entity Name
**6424 COLLINS BUILDING CONDOMINIUM ASOCIATION
CORP.**



Principal Place of Business

**6424 COLLINS AVENUE
MIAMI BEACH, FL 33141**

Mailing Address

**6020 W 14TH COURT
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2081139

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBUERNE, FERNANDO
6424 COLLINS AVE
APT #203
MIAMI BEACH, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
BORRAJO, JOSE
6424 COLLINS AVE #402
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MONTES DE OCA, JUAN
6424 COLLINS AVE 302
MIAMI BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLAS, EDUARDO
6424 COLLINS AVE. #403
MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, DIMAS
6424 COLLINS AVE. 202
MIAMI BEACH, FL**

Dele Te

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NARANJO, ESPERANZA
6424 COLLINS AVE 401
MIAMI BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBUERNE, FERNANDO
6424 COLLINS AVE #203
MIAMI BEACH, FL**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(JUAN MONTES DE OCA)

*4-24-07 305
826-0781*