


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 751835 1. Entity Name 6424 COLLINS BUILDING CONDOMINIUM ASOCIATION CORP.	
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Principal Place of Business 6424 COLLINS AVENUE MIAMI BEACH FL 33141	Mailing Address 6020 W 14TH COURT HIALEAH FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 59-2081139	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALBUERNE, FERNANDO 6424 COLLINS AVE APT #203 MIAMI BEACH FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

U00000902016
04/29/08-80090-011 70.00
DATE

SIGNATURE _____

Signatures, typed or printed name of registered agent must be in boldface. NOTE: Registered Agent sign must be in boldface. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PT BORRAJO, JOSE	<input type="checkbox"/>
NAME	6424 COLLINS AVE #402	
STREET ADDRESS	MIAMI BEACH FL 33141	
CITY- ST- ZIP		
TITLE	S MONTES DE OCA, JUAN	<input type="checkbox"/>
NAME	6424 COLLINS AVE 302	
STREET ADDRESS	MIAMI BCH FL	
CITY- ST- ZIP		
TITLE	D BELLAS, EDUARDO	<input type="checkbox"/>
NAME	6424 COLLINS AVE. #403	
STREET ADDRESS	MIAMI BEACH FL	
CITY- ST- ZIP		
TITLE	D NARANJO, ESPERANZA	<input type="checkbox"/>
NAME	6424 COLLINS AVE 401	
STREET ADDRESS	MIAMI BCH FL	
CITY- ST- ZIP		
TITLE	D ALBUERNE, FERNANDO	<input type="checkbox"/>
NAME	6424 COLLINS AVE #203	
STREET ADDRESS	MIAMI BEACH FL	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE: *Juan Montes de Oca* (JUAN MONTES DE OCA) 4-12-08 305 826 0781