

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751835

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: 6424 COLLINS BUILDING CONDOMINIUM ASOCIATION CORP.

**Current Principal Place of Business:**

6424 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6020 W 14TH COURT  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 59-2081139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALBUERNE, FERNANDO  
6424 COLLINS AVE  
APT #203  
MIAMI BEACH, FL 33141 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: PT ( ) Delete  
Name: BORRAJO, JOSE  
Address: 6424 COLLINS AVE #402  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: MONTES DE OCA, JUAN  
Address: 6424 COLLINS AVE 302  
City-St-Zip: MIAMI BCH, FL

Title: D ( ) Delete  
Name: BELLAS, EDUARDO  
Address: 6424 COLLINS AVE. #403  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: NARANJO, ESPERANZA  
Address: 6424 COLLINS AVE 401  
City-St-Zip: MIAMI BCH, FL

Title: D ( ) Delete  
Name: ALBUERNE, FERNANDO  
Address: 6424 COLLINS AVE #203  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE BORRAJO

PD

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date