CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 Secretary of State

DOCUMENT# N0900008102

Entity Name: 61 COLLINS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

61 COLLINS AVE UNIT 100 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

61 COLLINS AVE UNIT 100 309 23RD STREET MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 59-1468143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, EDUARDO REGATTA REAL ESTATE MANAGEMENT 309 23RD STREET

61 COLLINS AVE 309 23RD STREE 100 300

100 300 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

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: TIM A. VODA

TIM A. VODA 03/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS () Delete Title: () Change () Addition

 Name:
 NARANJO, ALVARO
 Name:

 Address:
 61 COLLINS AVE UNIT 502
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 WOLFSON, ROBERT
 Name:

 Address:
 61 COLLINS AVE UNIT 503
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: TRS () Delete Title: () Change () Addition

 Name:
 MARTINEZ, EDUARDO
 Name:

 Address:
 10881 NE 11 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 TORRIERI, SABINA
 Name:

 Address:
 61 COLLINS AVE UNIT 502
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM A. VODA OFF 03/17/2008