


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000063384	
<b>1. Entity Name</b> FLORIDA COLLECTION ASSOCIATES, INC.	

<b>Principal Place of Business</b> 13000 SW 133 CT. MIAMI FL 33186	<b>Mailing Address</b> 13000 SW 133 CT. MIAMI FL 33186
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-1024690	<b>Applied For</b>
	<b>Not Applicable</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SORDIA, JOSE ENRIQUE 13000 SW 133 CT MIAMI FL 33186	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>


**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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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**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 607, 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.**

<b>SIGNATURE:</b>		<b>2/5/07</b>	<b>1301-259-6202</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>