

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003628

1. Entity Name  
FRIENDS COLLECTOR, CORP.



**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90017 028 \*\*\*150.00

Principal Place of Business  
1610 COLLINS AVE  
1  
MIAMI BEACH, FL 33139

Mailing Address  
1610 COLLINS AVE  
1  
MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

03252006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

1065 98 Street # 7

Suite, Apt. #, etc.

1065 98 Street # 7

City & State

BAY HARBOR ISLAND, FL

City & State

BAY HARBOR ISLAND, FL

Zip

33154

Country

Zip

33154

Country

4. FEI Number

65-1066933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, MARIA M  
1610 COLLINS AV  
1  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name THAIRY QUINTANA

Street Address (P.O. Box Number is Not Acceptable)

1065 98 Street # 7

City BAY HARBOR ISLAND

FL

Zip Code

33154

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.

THAIRY QUINTANA

(NOTE: Registered Agent signature required when reinstating)

03/31/06

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ZAMORA, MARIA M  
STREET ADDRESS 1610 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME THAIRY QUINTANA  
STREET ADDRESS 1065 98 Street # 7  
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

THAIRY QUINTANA

03/31/06

786 488 2747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #