

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90086 001 ***450.00

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1. Entity Name
IG 14P COLLINS CORP.



Principal Place of Business
1500 SAN REMO AVENUE, SUITE 177
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE, SUITE 177
CORAL GABLES, FL 33146

66401312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1127651

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARED, PABLO R ESQ.
1500 SAN REMO AVENUE, SUITE 177
CORAL GABLES, FL 33146

Name

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

Suite 103

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GALDOS COLON, IGANCIO JESUS
1500 SAN REMO AVE., SUITE 177
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1500 San Remo Ave. 103
Coral Gables FL 33146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GALDOS LAURETTA, INAKI R
1500 SAN REMO AVENUE, SUITE 177
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1500 San Remo Ave #103
Coral Gables FL 33146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

IGaldos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

3056666010

Daytime Phone #