## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050444

Entity Name: IG 14P COLLINS CORP

**FILED** Mar 06, 2006 Secretary of State

**Current Principal Place of Business:** 

1500 SAN REMO AVENUE, SUITE 177

STE. 103

CORAL GABLES, FL 33146

**Current Mailing Address:** 

1500 SAN REMO AVENUE, SUITE 177 STE. 103

CORAL GABLES, FL 33146

FEI Number: 65-1127651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

1050

1050

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

BARED, PABLO R ESQ. 1500 SAN REMO AVENUE, SUITE 177

STE. 103

CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA 2121 PONCE DE LEON BLVD

1050

CORAL GABLES, FL 33134 US

**New Principal Place of Business:** 

2121 PONCE DE LEON BLVD

2121 PONCE DWE LEON BLVD

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

**New Mailing Address:** 

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: ANTONIO GARCIA

03/06/2006 Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete

City-St-Zip:

GALDOS COLON, IGANCIO JESUS Name: 1500 SAN REMO AVE. #103 Address: City-St-Zip: CORAL GABLES, FL 33146

( ) Delete Title: GALDOS LAURETTA, INAKI R Name: 1500 SAN REMO AVE., #103 Address: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition GALDOS COLON, IGANCIO JESUS Name:

2121 PONCE DE LEON BLVD. SUITE 1050 Address:

City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition Name: GALDOS LAURETTA, INAKI R

2121 PONCE DE LEON BLVD. SUITE 1050 Address:

CORAL GABLES, FL 33134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: IGNACIO GALDOS PD 03/06/2006