2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050444

Entity Name: IG 14P COLLINS CORP.

City-St-Zip:

FILED Mar 27, 2008 Secretary of State

Littly Nai	ille. 10 14F C	JOLLING CORF.			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
2121 PON	CE DE LEON	BLVD			
1050	ABLES, FL 33	2424			
Current Mailing Address:			New Mailing Address:		
2121 PON 1050	CE DWE LEC	N BLVD			
	ABLES, FL 33	3134			
FEI Number: 65-1127651 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:		
	ING SERVICI CE DE LEON	ES OF SOUTH FLORIDA BLVD			
	ABLES, FL 3	3134 US			
	named entity of Florida.	submits this statement for the	purpose of changing i	s registered office	or registered agent, or both,
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent		Date
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD () Delete	Title:	P (X) Chan	ge () Addition
Name:		ON, IGANCIO JESUS	Name:	GALDOS, IGANCIO J	
Address:		DE LEON BLVD. SUITE 1050	Address:	2121 PONCE DE LEC	
City-St-Zip:	CORAL GABL	ES, FL 33134	City-St-Zip:	CORAL GABLES, FL	33134
Title:	SD () Delete	Title:	VP (X) Chan	ge () Addition
Name:	GALDOS LAU	RETTA, INAKI R	Name:	MUNOZ, BRIENIS	- , ,
Address:	2121 PONCE	DE LEON BLVD. SUITE 1050	Address:	2121 PONCE DE LEC	N BLVD. SUITE 1050
City-St-Zip:	CORAL GABL	ES, FL 33134	City-St-Zip:	CORAL GABLES, FL	33134
Title:	() Delete	Title:	S ()Chan	ge (X) Addition
Name:	,	, =	Name:	MARTIN, YENIS	3 - (-9
Address:			Address:	2121 PONCE DE LEC	N BLVD. SUITE 1050
City-St-Zip:			City-St-Zip:	CORAL GABLES, FL	33134
Title:	() Delete	Title:	S ()Chan	ge (X) Addition
Name:	,	,	Name:	GALDOS, JESUS I	, ,
Address:			Address:	*	N RI VD. SUITE 1050

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.

City-St-Zip: CORAL GABLES, FL 33134

SIGNATURE: IGNACIO J. GALDOS P 03/27/2008