

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-09-2004 90086 001 ***450.00

DOCUMENT # P01000085807		
1. Entity Name IG 14B 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
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2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 103</i>	3. Mailing Address Suite, Apt. #, etc. <i>Suite 103</i>
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BARED, PABLO R ESQ 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <i>1500 San Remo Ave. # 103</i> City <i>Coral Gables FL</i> Zip Code <i>33146</i>
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALDOS COLON, IGNACIO JESUS 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>1500 San Remo Ave #103 Coral Gables FL 33146</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALDOS LAURETTA, INAKI RAFAEL 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>1500 San Remo Ave #103 Coral Gables FL 33146</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *I Galdos* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *2/3/04* Daytime Phone # *3056666010*