


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000085807 1. Entity Name IG 14B COLLINS CORP.	
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Principal Place of Business 1500 SAN REMO AVENUE SUITE 177 STE. 103 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVENUE SUITE 177 STE. 103 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1136930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARED, PABLO R ESQ
1500 SAN REMO AVENUE SUITE 177
STE. 103
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALDOS COLON, IGNACIO JESUS 1500 SAN REMO AVE., #103 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GALDOS LAURETTA, INAKI RAFAEL 1500 SAN REMO AVE., #103 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/05-80090-001 300.00

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IN THIS SPACE**

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 P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 3056666010
Date Daytime Phone #