


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 046 ***150.00

DOCUMENT # P02000059975

1. Entity Name
 1560 COLLINS AVENUE, INC.



Principal Place of Business Mailing Address

1560 COLLINS AVE 1560 COLLINS AVE
 STE 2 STE 2
 MIAMI BEACH, FL 33139-3158 MIAMI BEACH, FL 33139-3158

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4000



02082008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

71-0888477 Not Applicable

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	
LORA, EDUARDO R 1614 PENNSYLVANIA AVENUE 770 NE 69TH STREET 2-G MIAMI BEACH, FL 33139		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBEAU, LUCE			NAME			
STREET ADDRESS	1560 COLLINS AVE STE 2			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 331393158			CITY-ST-ZIP			
TITLE	HD	<input type="checkbox"/> Delete		TITLE	HD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LORA, EDUARDO R			NAME	LORA, EDUARDO R		
STREET ADDRESS	1614 PENNSYLVANIA AVE STE 2-G			STREET ADDRESS	770 NE 69TH STREET 8-I		
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	MIAMI, FL 33138		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2-13-08 35-562-4362
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #