

**FOR PROFIT CORPORATION  
ANNUAL REPORT**


For Office Use Only

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FILED

11 JUN -1 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107020 1. Entity Name <b>2401 Collins Ave Corporation</b>	
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2. Principal Place of Business - No P.O. Box # <b>2401 Collins Ave</b>	3. Mailing Address <b>2401 Collins Ave</b>
Suite, Apt. #, etc. <b>C1</b>	Suite, Apt. #, etc. <b>C1</b>

CR2E034B (1/11)

City & State <b>Miami Bch, FL</b>	City & State <b>Miami Bch, FL</b>	4. FEI Number <b>141851906</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33140</b>	Country	Zip <b>33140</b>	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <b>TAAZIEH FADI</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2401 Collins Ave, C1</b>	
City <b>MIAMI BCH</b>	FL Zip Code <b>33140</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

January 1 - May 1 Fee is \$180.00  
After May 1, Fee is \$650.00  
Amended AR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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E-mail Address:  
**besttax1040@yahoo.com**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAAZIEH FADI 2401 Collins Ave C1 Miami Bch, FL 33140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAAZIEH CAROLINE 2401 Collins Ave C1 Miami Bch, FL 33140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Abi</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **FADI TAAZIEH** DATE: **5/19/11** Daytime Phone #: **(305) 401-6568**