

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 014 ***150.00

DOCUMENT # P03000000426
 1. Entity Name
 7433 COLLINS AVE. CORP.



Principal Place of Business Mailing Address
~~26 LAGORCE CIRCLE~~ ~~26 LAGORCE CIRCLE~~
~~MIAMI BEACH, FL 33141~~ ~~MIAMI BEACH, FL 33141~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 555 NE 185 ST. 555 NE 185 STREET
 Suite, Apt. #, etc. 201 Suite, Apt. #, etc. 201
 City & State MIAMI, FL. City & State MIAMI, FL.
 Zip 33179 Country DADE Zip 33179 Country DADE

04122008 Chg-P CR2E034 (12/06)

4. FEI Number 90-0056918 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONATHAN J. LICHTMAN, P.A.
 20283 STATE RD.7
 SUITE 300
 BOCA RATON, FL 33498

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KLEPACH, JULIETTE
STREET ADDRESS	26 LAGORCE CIRCLE 555 NE 185 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33141 MIAMI, FL. 33179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Juliette Klapach 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #