



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90085 001 \*\*\*600.00

<b>DOCUMENT # P03000029156</b> 1. Entity Name IG 11H COLLINS CORP.					
Principal Place of Business 1500 SAN REMO AVENUE, SUITE 177 CORAL GABELS, FL 33146			Mailing Address 1500 SAN REMO AVENUE, SUITE 177 CORAL GABELS, FL 33146		
2. Principal Place of Business  Suite, Apt. #, etc. <b>#103</b>		3. Mailing Address  Suite, Apt. #, etc. <b>#103</b>			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>86-1079715</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				66403572 	
6. Name and Address of Current Registered Agent  BARED, PABLO R ESQ. 1500 SAN REMO AVENUE, SUITE 177 CORAL GABELS, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1500 San Remo Ave #103</b> City <b>Coral Gables</b> <b>FL</b> Zip <b>33146</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLON, IGNACIO J 1500 SAN REMO AVENUE, SUITE 177 CORAL GABELS, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1500 San Remo Ave #103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Coral Gables, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LAURETTA, INAKI R 1500 SAN REMO AVENUE, SUITE 177 CORAL GABELS, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1500 San Remo Ave #103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Coral Gables FL 33146</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Buldas</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2/3/04</b> <b>30566666010</b> Date Days/Phone #		