

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073321

FILED
Mar 23, 2009
Secretary of State

Entity Name: KARL-HOLLINGER COLLABORATIONS, INC.

Current Principal Place of Business:

60 EDGEWATER DRIVE
14K
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

60 EDGEWATER DRIVE
14K
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 20-1148537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, COREY E
3250 MARY ST SUITE 303
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KARL, MINDY
Address: 60 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: SD () Delete
Name: HOLLINGER, DALE
Address: 210 JOHNSON ST
City-St-Zip: ASPEN, CO 81612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KARL, MINDY
Address: 60 EDGEWATER DRIVE STE, 14K
City-St-Zip: CORAL GABLES, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINDY KARL

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date