

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90010 032 ***150.00

DOCUMENT # P04000112079

1. Entity Name
6240 COLLIER GROUP INC.



Principal Place of Business

11958 SW 72 TERR.
MIAMI, FL 33183

Mailing Address

11958 SW 72 TERR.
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1437151

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACIAS, JUAN C
11958 SW 72 TERR.
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACIAS, JUAN C
STREET ADDRESS	11958 SW 72 TERR.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	V
NAME	GUILLAMA, ISIDRO
STREET ADDRESS	5329 GRANADA BLVD.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06
Date

(205) 279-6442
Daytime Phone #