

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-21-2006 90019 043 ***150.00

DOCUMENT # P05000009747

1. Entity Name

COLLAGEN CORPORATION



Principal Place of Business

5301 NORTH FEDERAL HIGHWAY
SUITE 145
BOCA RATON, FL 33487

Mailing Address

5301 NORTH FEDERAL HIGHWAY
SUITE 145
BOCA RATON, FL 33487

66003400



2. Principal Place of Business

3. Mailing Address

16710 Senterra DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State
Delray Bch. FL

4. EEI Number

36-456 7319

Applied For

Not Applicable

Zip

Country

Zip

Country

33484

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINSTEIN, ED
5301 NORTH FEDERAL HIGHWAY
SUITE 145
BOCA RATON FL 33487

Name

LESLIE FEINSTEIN

Street Address (P.O. Box Number is Not Acceptable)

16710 SENTERRA DR.

City

DeLRAy Bch

FL

Zip Code

33484

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

Leslie Feinstein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FEI NSTEIN, ED
5301 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Leslie Feinstein
16710 SENTERRA DR.
DeLRAy Bch, FL, 33484 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leslie Feinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-06 561-637-4748