


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90014 043 \*\*\*150.00

<b>DOCUMENT # P05000094080</b> 1. Entity Name <b>ROUTE COLLINS, CORP.</b>																					
Principal Place of Business <b>9130 S DADELAND BLVD STE 1600</b> <b>MIAMI, FL 33156</b>			Mailing Address <b>9130 S DADELAND BLVD STE 1600</b> <b>MIAMI, FL 33156</b>																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>20-3105726</b> Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02162008 Chg-P CR2E034 (12/06)																	
6. Name and Address of Current Registered Agent <b>GUZMAN &amp; GUZMAN P.A.</b> <b>C/O ALBERTO GUZMAN</b> <b>9130 S DADELAND BLVD STE 1600</b> <b>MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSD ROZANSKI, ANDRES <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CERRITO 836, PISO 7, CAPITAL FEDERAL, ARGENTINA 1010,</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	PSD ROZANSKI, ANDRES <input type="checkbox"/> Delete	NAME	CERRITO 836, PISO 7, CAPITAL FEDERAL, ARGENTINA 1010,	STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VP DARIO ROZANSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1627 BRICKELL AVE APT 2005</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33129</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	VP DARIO ROZANSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	1627 BRICKELL AVE APT 2005	STREET ADDRESS	MIAMI, FL 33129	CITY-ST-ZIP	
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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:** Andres Rozanski **ANDRES ROZANSKI** 03/05/08 (305) 670-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #