

P05000125917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

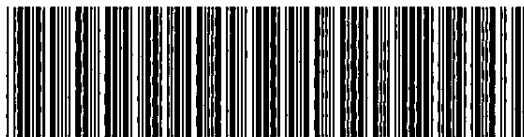
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500116978645

PA  
Change

02/07/08--01022--011 \*\*35.00

FILED

2008 MAR -6 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
3/6/08

\*00789, 00524, 00672

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLLATERAL ENTERTAINMENT GROUP, INC

**DOCUMENT NUMBER:** PD50001259 17

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIRABA MCLAREN  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

7406 NW 34TH ST  
(Address)

LAUDERHILL FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

KIRABA MCLAREN at (954) 647-6050  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2008

Therman N. King  
Collateral Entertainment Group, Inc.  
3131 West Atlantic Boulevard, Suite 12B  
Pompano, FL 33069

SUBJECT: COLLATERAL ENTERTAINMENT GROUP, INC.  
Ref. Number: P05000125917

We have received your document for COLLATERAL ENTERTAINMENT GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 108A00011304

RECEIVED  
2008 MAR -6 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2008

Kiraba McLaren  
7406 NW 34th St.  
Lauderhill, FL 33319

SUBJECT: COLLATERAL ENTERTAINMENT GROUP, INC.  
Ref. Number: P05000125917

We have received your document for COLLATERAL ENTERTAINMENT GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation has already been dissolved. Please see the attached printout. I have applied for a refund of your \$35.00 filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 008A00009317

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA, in order to change its registered office or registered agent, or both, in the State of Florida.

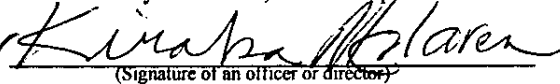
1. The name of the corporation: COLLATERAL ENTERTAINMENT GROUP, INC
2. The principal office address: 3131 WEST ATLANTIC BOULEVARD, SUITE 12B  
POMPANO, FLORIDA 33069
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P05000125917
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
KIRABA MCLAREN  
1451 WEST CYPRESS CREEK ROAD #300  
FORT LAUDERDALE, FL 33309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAR PLUS SOLUTIONS, INC.  
1451 W CYPRESS CREEK RD, SUITE #300  
(P.O. Box NOT acceptable)  
FORT LAUDERDALE, FL 33309

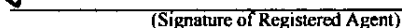
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

KIRABA MCLAREN (CEO)  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

2/28/08  
(Date)

If signing on behalf of an entity:

PAR PLUS SOLUTIONS, INC.  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

**FILED**  
2008 MAR -6 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA