

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90039 034 \*\*\*150.00

DOCUMENT # P93000003458

1. Entity Name  
J & J/8801 COLLINS AVENUE PARTNER, INC.



Principal Place of Business  
8801 COLLINS AVENUE  
SURFSIDE, FL 33154

Mailing Address  
~~403 ROCKSTONE PL~~  
~~LOUISVILLE, KY 40243~~ US

60000111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
3969 FAIRWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032007 Chg-P CR2E034 (12/06)

City & State

City & State  
NORTHPORT, FL

4. FEI Number  
65-0381632

Applied For

Not Applicable

Zip Country

Zip Country  
34287

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

SACHER, CHARLES F  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES, FL

Name

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

City

FL

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

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, 2007 Fee will be \$550.00**

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  
D  
EDELLEN, COLLINS J  
403 ROCKSTONE PL  
LOUISVILLE, KY 40243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3969 FAIRWAY DR  
NORTHPORT, FL 34287 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *X Collins J Edelen Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
COLLINS J. EDELEN Pres.

*X* 3/12/07

Date

Daytime Phone #