2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2005 08:00 AM Secretary of State

DOCUMENT # P93000023937 1. Entity Name 634 COLLINS CORP.			Secretary of State	
Principal Place of Business 407 LINCOLN ROAD SUITE 9F MIAMI BEACH, FL 33139		Malling Address 407 LINCOLN ROAD SUITE 9F MIAMI, FL 33139		
DO NOT WRITE IN THIS SPACE 5, Name and Address of Current Registered Agent				04212005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S5-0427757 Not Applicable 5. Certificate of Status Desired \$8.75 Additionat Fee Required
407 LINCO SUITE 9F	MICHAEL A DLN ROAD ACH, FL 33139			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 life if applicable. (NOTE: Registered Agent signature required when refiniteliting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMRAS, MICHAEL A 407 LINCOLN ROAD SUITE 9F MIAMI BEACH, FL 33139	RECTORS	nui 200 Adecemps	U00000332434
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- <u></u>	04/26/05-80058-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, <u>4</u> ,1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 	
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). 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 of 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.				