2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000023937

1. Entity Name
634 COLLINS CORP.

Principal Place of Business	Mailing Address
407 LINCOLN ROAD SUITE 9F MIAMI BEACH, FL 33139	407 LINCOLN ROAD SUITE 9F MIAMI, FL 33139

DO NOT WRITE IN THIS SPACE

04112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0427757	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMRAS, MICHAEL A
407 LINCOLN ROAD
SUITE 9F
MIAMI BEACH, FL 33139

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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

TITLE	PD
NAME	COMRAS, MICHAEL A
STREET ADDRESS	407 LINCOLN ROAD SUITE 9F
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
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: _____

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