


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000103839		
1. Entity Name TRUSTEE B COLLECTION CORP.		
Principal Place of Business 7225 NW 25TH ST. STE 110 MIAMI, FL 33122	Mailing Address 7225 NW 25TH ST. STE 110 MIAMI, FL 33122	



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0725105	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY P ESQ.
9100 SO DADELAND BLVD. STE 504
MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONDIN, M A 7225 NW 25TH ST. STE 110 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONDIN, G E 7225 NW 25TH ST. STE 110 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, GARY P 9100 SO DADELAND BLVD. STE 504 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/08/05-80059-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

G.E. GRONDIN

4/6/05

Date

305-592-7090

Daytime Phone #