

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 005 ***150.00

DOCUMENT # P97000102345					
1. Entity Name 736 COLLINS, INC.					
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139 US			Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139 US		
2. Principal Place of Business 230 5th Street Suite, Apt. #, etc.			3. Mailing Address 230 5th Street Suite, Apt. #, etc.		
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 65-0325834	
Zip 33139		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name: <u>Robins, Scott</u> Street Address (P.O. Box Number is Not Acceptable): <u>230 5th Street</u> City: <u>Miami Beach</u> FL Zip Code: <u>33139</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/21/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	DP ROBINS, SCOTT 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robins, Scott 230 5th Street Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the information has 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 687, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			230 FIFTH STREET MIAMI BEACH, FL 33139 Date: <u>2/21/05</u> Daytime Phone #: <u>305-674-0600</u>		