2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P97000102345 1. Entity Name 736 COLLINS, INC. Principal Place of Business Mailing Address 230-5TH STREET 230-5TH STREET MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ROBINS, SCOTT 230-5TH STREET

FILED Feb 26, 2007 08:00 AM Secretary of State



01312007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0325834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

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 title if	applicable (NOTE; Re	egislered Agent signature	required when reinstating)	DATE		
		9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	03/07/07-80028-024 150.00		
10,	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINS, SCOTT 230-5TH STREET MIAMI BEACH, FL 33139			•			
TITLE NAME STREET ADDRESS CHY-ST-ZIP					·		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		_		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CHY-ST-ZIP							
12. Thereby certify that the information supplied with this hilling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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							

namental uninus reports appending apports in the and accurate and mat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the received 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 adverse, with all other like empowered

SIGNATURE: _

MIAMI BEACH, FL 33139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-674-0100