

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104431

FILED
Apr 19, 2009
Secretary of State

Entity Name: COLLINS POINTE HOLDINGS, INC.

Current Principal Place of Business:

C/O PAVIA & HARCOURT
600 MADISON AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

C/O PAVIA & HARCOURT
600 MADISON AVENUE
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 52-2143984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GAZZOLA, MARIO
Address: 600 MADISON AVENUE 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P () Delete
Name: BRAXATOR, KAMIL
Address: 600 MADISON AVE. 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P () Delete
Name: BRAXATOR, KAMIL
Address: 600 MADISON AVE 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BRAXATOR, KAMIL
Address: POSTFACH 154
City-St-Zip: VADUZ, LICHTENSTEIN, LI 9490 LI

Title: D (X) Change () Addition
Name: BRAXATOR, KAMIL
Address: PSTFACH 154
City-St-Zip: VADUZ, LICHTENSTEIN, LI 9490 LI

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO GAZZOLA

S

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date