


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90296 034 \*\*\*150.00

<b>DOCUMENT # P99000043451</b> 1. Entity Name <b>COLLAZO &amp; ASSOCIATES REALTY SERVICES, INC.</b>			
Principal Place of Business 10689 NORTH KENDALL DRIVE 215 MIAMI, FL 33176		Mailing Address 10689 NORTH KENDALL DRIVE 215 MIAMI, FL 33176	
2. Principal Place of Business <b>4560 SW 156 PLACE</b>		3. Mailing Address <b>4560 SW 156 PLACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33185</b> Country <b>DADE</b>		Zip <b>33185</b> Country <b>DADE</b>	
4. FEI Number <b>65-0918861</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLAZO, JORGE P</b> <b>10689 NORTH KENDALL DRIVE</b> <b>215</b> <b>MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>COLLAZO, JORGE P</b> Street Address (P.O. Box Number is not acceptable) <b>4560 SW 156 PLACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33185</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	D COLLAZO, JORGE P 4300 SW 130TH CT. MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLAZO, JORGE P 4560 SW 156 PLACE MIAMI, FLORIDA 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-27-2004</b> Daytime Phone # <b>(305) 968-8597</b>	