2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business Notice 10689 NORTH KRIDALL DRIVE 215 North MANN, FL 33176 North MANN, FL 3	DOCUMENT # P99000043451 1. Entity Name COLLAZO & ASSOCIATES REALTY SERVICES, INC.									2004 902	96 034 **		
215 MAMA, RL 33176 2. Policing Place of Dissigners Suite, Act I, 400. 2. Policing Place of Dissigners Suite, Act I, 400. 3. Major Applied Suite I S C Place Suite, Act I, 400. 3. Major Applied Suite I S C Place Suite, Act I, 400. 4. FEI Number CAPPED Suite I S C Place I S C Pla	· ·			-									
2. Proficing May of Business of Unity State S. Major Apadropes State S. Filher State, April R. Bic. Suits Suit	215			215									
Subset, Apt. N. and.				,									
Beyn Syle Honor DA	2. Privicipal Pl	lace of Busin	W 156 PLACE	3. Mailing Address SW 156 PIALE									
Section Sect								04142004	Chg-P	CR2E0	34 (10/03)		
COLLAZO, JORGE P. 10689 NORTH KENDALL DRIVE 215 MIAMI, FL 33176 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE COLLAZO, JORGE P. 10. OFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Committation. ABDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE OCILAZO, JORGE P. 10. OFFICERS AND DIRECTORS 10. OFFICER	MIAMI, HORIDA			Mys. State Flori DA							_ 		
Name COLLAZO, JORGE P 10689 NORTH KENDALL DRIVE 215 MIAMI, FL 33176 City MIAMI FL 39176 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foride. I am familiar with, and accept the obligations of registered agent accept agent accept the obligations of registered agent accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOWITI FEE IS \$150,00 After May 1, 2004. Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIE D COLLAZO, JORGE P ORIES ONE STREET ADDRESS OTH ST. IP IIIE OBES OTH ST. IP OTH ST. IP OTH ST. IP IIIE OBES OTH ST. IP OTH ST. IP	Zip 33/	185 Country DE		zip33185 200		4DE	5. Certificate of		of Status Desired				
COLLAZO, JORGE P Symmetry and a group of C. Boy Number in Park 100 per 100 pe		6. Name	and Address of Current F	Registered Agent	Name /								
Addition City MIAMI, FL 33176						Stract Ada	trace (F	LLAZ	o, Jong		<u> </u>		
City /// APM FL 35*9 5 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 official of registered agent.	215		DALL DRIVE		45 60 5 W. 156 PINTE								
B. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR		33176	;		City	BA /	ina			7in-Cerl			
the obligations of registered agent. SIGNATURE Signature, spect or printed stame of registered agent and she if agonicable. (NOTE, Registered Agent agreeure required when renutations) DATE PILE NOWILL FEE IS \$150.00	8 The above	named entit	v submits this statement for	oth in the State of F		familiar with	and accept						
### STREET ADDRESS CITY-ST-7P Change Delete													
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE D ORDINARY 11. COLLAZO, JORGE P Addition NAME STRET ADDRESS STRET	Non-control of the state of the												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
NAME SIREE ADDRESS CITY-ST-2P UTILE NAME SIREE	10.			DIRECTORS	11.							S IN 11	
TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete				·		7	Col	-LAZO,	JORGE!	P	Change	☐ Addition	
TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete	STREET ADDRESS	4300 SW	130TH CT.			T ADDRESS	45 MI A	60 50 Mi Eli	N 156 P	3185		i	
STREET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET		INIMINI, FE 33173				31-211	7771	111/1/10				☐ Addition	
CITY-ST-ZIP IITLE Delete ITTLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete ITTLE NAME		i		The state of the s									
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY				ÇIT									
STREET ADDRESS CITY-ST-ZIP TITLE TI	ĺ										☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP CONTACT CHANGE CHANGE	STREET ADDRESS				STREE	T ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TOTAL TOTA				☐ Delete	_	S1-ZIP					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME CITY-ST-ZIP TITLE Delete TITLE NAME CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not overlify 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 finite 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 altother like empowered.	NAME				NAME						•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 office or of 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 11 if changed, or on an attachment with an address, with all other like empowered.													
STREET ADDRESS CITY-ST-ZIP TITLE 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 office 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 11 if changed, or on an attachment with an address, with all other like empowered.				☐ Delete		i					☐ Change	☐ 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 office or of 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.													
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.					_								
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.	1			L_I Delete							L_1 Change	☐ 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 my signature shall have the same legal effect as if made under cath; 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.	i				B D								
Ma- 4-27-2014 912 8597	<u> </u>	certify that th	e information supplied with	this filing does not goalify for			d in Se	ction 119.07(3))(i), Florida Statutes	s. I further cer	tify that the ir	nformation	
Ma- 4-27-2014 912 8597	indicated of the cor changed	on this repo rporation or t , or on an att	or supplemental report is he receiver or trustee empo achment with an address, v	true and accurate and that in the second to a second this report with all other like empowered to the second that it is second to the second that it is second to the second that it is second that it is second to the second that is second that is second to the second to the second that is second that is second to the second that is second that is second to the se	my signati t as require f.	ure snaa hav ed by Chapt	ve the s ter 607	same legal effe Florida Statut	ect as if made unde les; and that my na	r oatn; that I i me appears i	am an officer n Block 10 or	Block 11 if	
	ļ	SIGNATURE: 4 1968-8597											