2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # S66013 02-02-2005 90071 007 ***150.00 **COLLATERAL FUNDING CORPORATION** Mailing Address Principal Place of Business 2 GROVE ISLE DRIVE 2 GROVE ISLE DRIVE 20006718 APT. #1507 APT. #1507 **COCONUT GROVE FL 33133** COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired →6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGADO, PEDRO Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HWY, #220 SUITE 206 **CORAL GABLES FL 33146** City Zip Code 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: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE HILE Change ☐ Addition ☐ Delete GILLIS, JAMES A NAME 2 GROVE ISLE DRIVE APT #1507 STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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

SIGNATURE:

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changed, or on an attachment with an address, with all other like empe

Date

FILED