## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 20, 2007 8:00 am Secretary of State DOCUMENT # \$96075 1. Entity Name 02-20-2007 90053 001 \*\*\*150.00 COLLECTION CONNECTION, INC. Principal Place of Business Mailing Address 12229 S.W. 132ND COURT MIAMI FL 33186 7600 SW 112TH ST. MIAMI FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0294850 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AROLD MARMER WOLF, MIGHAEL H- ----Street Address (P.O. Box Number is Not Acceptable) 2450 N.E. MIAMI-GARDENS DR N MIAMI BEACH FL 33180-City MIAMI 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. 2-8-2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reiristning) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Detete Tritte ☐ Change Addition MANDELL, ALLISON NAME 1135 E WEST NEWPORT STREET ADDRESS STREET ADDRESS CHICAGO IL 60657 CHY-SI-7P CITY ST 7IP THLE ☐ Delete ☐ Change Addition MARMER, HAROLD NAME 7600 SW 112 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CHY-S1-ZIP CITY SI-7tP D ппг Defete Ши Change Addition NAME HOLTZMAN, HARRY NéMi STREET ADDRESS 7821 NOREMAC AVENUE STREET ADDRESS MIAMI BEACH FL 33141 CHY-SI-ZIP CHY SI-ZIP HHE ☐ Delete HIH Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY SI-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 eath; 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. Plorida 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.

FILED

SIGNATURE: HAROLD MARMER