
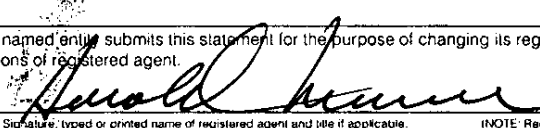
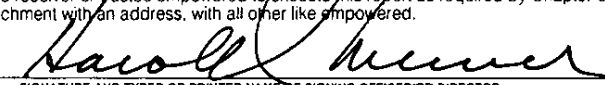


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 003 ***150.00

DOCUMENT # S96075 1. Entity Name COLLECTION CONNECTION, INC.					
Principal Place of Business 12229 S.W. 132ND COURT MIAMI, FL 33186			Mailing Address 7600 SW 112TH ST. MIAMI, FL 33156 US		
2. Principal Place of Business - No P.O. Box # 7600 S.W. 112 ST		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State		4. FEI Number 65-0294850	
Zip 33156		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARMER, HAROLD 7600 SW 112TH STREET MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  2-25-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete MANDELL, ALLISON 1135 E WEST NEWPORT CHICAGO, IL 60657		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARMER, HAROLD 7600 SW 112 ST MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HOLTZMAN, HARRY 7821 NOREMAC AVENUE MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2-25-2008 305-720-8777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40034174



02062008 Chg-P CR2E034 (12/06)



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Document Number S96075

Business Entity Name COLLECTION CONNECTION, INC.

FEI Number 65 - 0294850

FEI Number Status ☐ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☐ No

Principal Place of Business

Address 7600sw 112 st (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33156

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 7600 SW 112TH ST.

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33156 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MARMER, HAROLD, ,

- OR -

Business to serve as RA

Street Address In Florida 7600 SW 112TH STREET (PO Box not acceptable)

ATTACHMENT

40034174

#S96075

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33156

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

D

Name (Last, First, Middle, Title)

MANDELL

ALLISON

- OR -

Entity Name to serve as Officer/Director

Street Address

1135 E WEST NEWPORT

City, State

CHICAGO

IL

Zip Code & Country

60657

Name And Address #2

Title

D

Name (Last, First, Middle, Title)

MARMER

HAROLD

- OR -

Entity Name to serve as Officer/Director

Street Address

7600 SW 112 ST

City, State

MIAMI

FL

Zip Code & Country

33156

Name And Address #3

Title

D

Name (Last, First, Middle, Title)

HOLTZMAN

HARRY

- OR -

Entity Name to serve as Officer/Director

ATTACHMENT 40034174
#S96075

Street Address

7821 NOREMAC AVENUE

City, State

MIAMI BEACH

FL

Zip Code & Country

33141

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

HAROLD MARMER

ATTACHMENT

40034174

#S96075

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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