2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90007 003 ***150.00

DOCUMENT # V23150

1. Entity Name
1651 NORTH COLLINS CORP.

Principal Place of Business	Mailing Address
~~9000 S.W. 152 STREET~~ ~~SUITE 106~~ ~~MIAMI, FL 33157~~ US	~~9000 S.W. 152 STREET~~ ~~SUITE 106~~ ~~MIAMI, FL 33157~~, US

02222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9155 S. DADELAND BLVD	9155 S. DADELAND
Suite, Apt. #, etc.: #1602	Suite, Apt. #, etc.: #1602
City & State: Miami FL	City & State: Miami FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number 65-0350574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, B. MACKAY ESQUIRE ~~9000 S.W. 152 STREET~~ ~~SUITE 106~~ ~~MIAMI, FL 33157~~	Name Street Address (P.O. Box Number is Not Acceptable): 9155 S. Dadeland Blvd #1602 City: Miami FL Zip Code: 33156

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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution: ☐ **$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	P SANZ, JOSEPH A ~~9000 S.W. 152 STREET, STE. 106~~ ~~MIAMI, FL 33157~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9155 S. DADELAND BLVD #1602 Miami FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICARDO, QUADRONI ~~9000 S.W. 152 STREET, STE. 106~~ ~~MIAMI, FL 33157~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9155 S. Dadeland Blvd #1602 Miami, Fl 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUHRMASTER, NORMAN J ~~9000 S.W. 152 STREET, STE. 106~~ ~~MIAMI, FL 33~~157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9155 S. Dadeland Blvd #1602 Miami, Fl 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 2/28/06 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #