

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 028 ***550.00

DOCUMENT # F46637
 1. Entity Name
 COLFORD ENTERPRISES, INC.



Principal Place of Business
 835 NE THIRD AVE.
 FT. LAUDERDALE, FL 33304

Mailing Address
 835 NE THIRD AVE.
 FT. LAUDERDALE, FL 33304



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2129557

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLFORD, PATRICIA A.
 7761 NW 10TH STREET
 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLFORD, PATRICIA A 7761 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKINS, MERLE R. 7761 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRASWELL, GERTRUDE I. 7140 NW 11TH PL PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYEK, JAMES A. 7761 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Patricia Colford*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 954-463-0542
 Date Daytime Phone #