

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F46637

FILED
Apr 26, 2006
Secretary of State

Entity Name: COLFORD ENTERPRISES, INC.

Current Principal Place of Business:

835 NE THIRD AVE.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

6761 WEST SUNRISE BLVD.
UNIT 1
PLANTATION, FL 33313

Current Mailing Address:

835 NE THIRD AVE.
FT. LAUDERDALE, FL 33304

New Mailing Address:

6761 WEST SUNRISE BLVD.
UNIT 1
PLANTATION, FL 33313

FEI Number: 59-2129557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLFORD, PATRICIA A.
7761 NW 10TH STREET
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COLFORD, PATRICIA A.
Address: 7761 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: PERKINS, MERLE R.,
Address: 7761 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: T () Delete
Name: HAYEK, JAMES A.,
Address: 7761 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAYEK, JAMES A.,
Address: 1813 GREENWOOD DRIVE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. COLFORD

DP

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date