


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90164 028 \*\*\*150.00

DOCUMENT # P02000031627

1. Entity Name  
 COLIDATA ENTERTAINMENT, CORP.



Principal Place of Business      Mailing Address

8101 SW 73RD AVE.      8101 SW 73RD AVE.  
 APT. 15      APT. 15  
 MIAMI, FL 33143      MIAMI, FL 33143

2. Principal Place of Business      3. Mailing Address

*8308 NW 68 st*      *8308 NW 68 st*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Miami FL*      *Miami FL*

Zip: *33166*      Country      Zip: *33166*      Country



04232004      Chg-P       CR2E034 (10/03)

6. Name and Address of Current Registered Agent

COLINA, NESTOR L  
 8101 SW 73RD AVE.  
 APT. 15  
 MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*8308 NW 68 Street*

City      State      Zip Code  
*Miami*      **FL**      *33166*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLINA, NESTOR L	
STREET ADDRESS	8308 NW 68 STREET	
CITY-STATE-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>8308 NW 68 st</i>
CITY-STATE-ZIP	<i>Miami FL 33166</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: *[Signature]*      *4/26/04 (305) 593 2213*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE