

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 004 ***150.00

DOCUMENT # P06000021613

1. Entity Name
COLONY MAINTENANCE SERVICE INC.




Principal Place of Business Mailing Address
15709 NW 4 STREET **15709 NW 4 STREET**
PEMBROKE PINES, FL 33028 **PEMBROKE PINES, FL 33028**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3006 N.W. 79 Ave. **10763 N.W. 83ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #10 **Unit #5**

City & State City & State
Miami, Fla. **Miami, Fla.**
 Zip Country Zip Country
33122 **U.S.A.** **33178** **U.S.A.**

40050000



03132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4410326 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

GARCIA, LUIS H
15709 NW 4 STREET
PEMBROKE PINES, FL 33028

Name **Garcia, Luis H**
 Street Address (P.O. Box Number is Not Acceptable)
10763 N.W. 83 ST Unit #5
 City **Miami** FL Zip Code **33178**

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 reinstating) DATE **03/14/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 GARCIA, LUIS H 15709 NW 4 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Garcia, Luis H. 10763 N.W. 83ST Unit #5 Miami, FL. 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERRERA, CARLOS 11305 NW 55 LANE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Herrera, Carlos 10887 N.W. 78 Terrace Miami, FL. 33178. <input checked="" 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: _____ **Luis H. Garcia** Date **03/14/07** Daytime Phone # **954-6589161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR