


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90288 021 \*\*\*150.00

**DOCUMENT # P95000051225**

1. Entity Name  
**COLINDRES BUILDING, INC.**



Principal Place of Business      Mailing Address  
**9688 S.W. 24TH STREET**      **9688 S.W. 24TH STREET**  
**MIAMI, FL 33165**      **MIAMI, FL 33165**



2. Principal Place of Business      3. Mailing Address

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

04022004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0595535**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M**  
**782 NW LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI, FL**

7. Name and Address of New Registered Agent

Name  
**Law Offices of**  
**Marquez & Marcelo-Robaina, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**Lejeune Center, Suite 548**  
**782 N.W. LeJeune Road**

City      State      Zip Code  
**Miami, Florida 33126 FL**

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: **4/15/04**

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, 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	HERRAN, MANUEL A	
STREET ADDRESS	8460 SW 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDES, DANIEL R.	
STREET ADDRESS	9755 S.W. 62 ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HERRAN, EMILIANO	
STREET ADDRESS	12900 S.W. 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HERRAN, JOSE A	
STREET ADDRESS	8455 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:       DATE: **4/15/04 (305) 447-1160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #