

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 008 ****61.25

DOCUMENT # N03000006543					
1. Entity Name COLUSANA, INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE A1113 MIAMI, FL 33131 US			Mailing Address P.O. BOX 526322 MIAMI, FL 33152-6322 US		
2. Principal Place of Business 2500 N.W. 79 Ave. Suite, Apt. #, etc. Suite 179 City & State Mir, FL Zip 33122 Country USA		3. Mailing Address 2500 N.W. 79 Ave Suite, Apt. #, etc. Suite 179 City & State Mir, FL Zip 33122 Country USA			
4. FEI Number 83-0368358		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ORTIZ, ALVARO H 10640-SW-96-ST MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ORTIZ, ALVARO H STREET ADDRESS 520 BRICKELL KEY DRIVE, APT A1113 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ESTAVA, ORLANDO STREET ADDRESS 17900 N BAY RD, # 303 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME REYES, EDUARDO STREET ADDRESS 6141 NW 115 PL, # 389 CITY-ST-ZIP DORAL, FL 33128	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MADRINAN, ENRIQUE STREET ADDRESS 14879 SW 42 ST CITY-ST-ZIP MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME UMANA, CLARA STREET ADDRESS 10640 S.W. 96TH STREET CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ORTIZ, MYRIAM STREET ADDRESS 520 BRICKELL KEY DRIVE, APT A1113 CITY-ST-ZIP MIAMI, FL 33131	<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 617, 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: <i>Alvaro H. Ortiz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-10-06 Daytime Phone #: 305-336-2560		