

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003331

**Entity Name:** COLOR ME ABSTRACT CORPORATION

**Current Principal Place of Business:**

5450 BRUCE B. DOWNS BLVD  
382  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

5450 BRUCE B. DOWNS BLVD  
382  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 81-2035809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BELIZAIRE, HANDY  
5450 BRUCE B. DOWNS BLVD  
382  
WESLEY CHAPEL, FL 33544 US

*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

**Officer/Director Detail :**

Title P  
Name BELIZAIRE, HANDY  
Address 5450 BRUCE B. DOWNS BLVD #382  
City-State-Zip: WESLEY CHAPEL FL 33544

Title VP  
Name BELIZAIRE, JUNISE  
Address 5450 BRUCE B. DOWNS BLVD #382  
City-State-Zip: WESLEY CHAPEL FL 33544

Title SEC  
Name OLIVIER, REBECCA  
Address 5450 BRUCE B. DOWNS BLVD #382  
City-State-Zip: WESLEY CHAPEL FL 33544

Title TR  
Name BAKER, LESHANTA  
Address 5450 BRUCE B. DOWNS BLVD #382  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MEM  
Name RAPHAEL, VALERIE  
Address 5450 BRUCE B. DOWNS BLVD #382  
City-State-Zip: WESLEY CHAPEL FL 33544

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HANDY BELIZAIRE

**PRESIDENT**

**03/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date