

2019 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	D
Name	BAKER, LESHANTA
Address	5450 BRUCE B. DOWNS BLVD #382
City-State-Zip:	WESLEY CHAPEL FL 33544

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

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

Title	D
Name	MILES-WILHOITE, SHAWNA
Address	5450 BRUCE B. DOWNS BLVD
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****04/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date