

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90237 001 \*\*\*\*61.25

<b>DOCUMENT # 757041</b> 1. Entity Name <b>ESTAMPAS DE COLOMBIA, INC.</b>					
Principal Place of Business <b>16401 NW 84 AVE</b> <b>MIAMI LAKES, FL 33016 US</b>			Mailing Address <b>13852 SW 46 LANE</b> <b>MIAMI, FL 33175 US</b>		
2. Principal Place of Business <b>13852 SW 46 LANE</b> Suite, Apt. #, etc.			3. Mailing Address <b>13852 SW 46 LANE</b> Suite, Apt. #, etc.		
City & State <b>MIAMI, FLORIDA</b> Zip <b>33175</b> Country <b>U S A</b>			City & State <b>MIAMI, FLORIDA</b> Zip <b>33175</b> Country <b>U S A</b>		
4. FEI Number <b>59-2635480</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SANCHEZ, LIGIA</b> <b>13852 SW 46 LANE</b> <b>MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, LIGIA 13852 SW 46 LANE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAVO TOVAR 1527 SW 20 AVENUE MIAMI, FLORIDA 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENDOZA, CARLOS 7431 BAYHILL DR MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIBARDO ARICAPE 3501 WEST 73 STREET HIALEAH, FLORIDA 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERCADO, EDWIN 8858 NW 114TH TERR HIALEAH, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINA HIGGINS 19831 NW 86 COURT MIAMI, FLORIDA 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TOVAR, MARIA LUISA 1527 SW 20 AVE MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GUSTAVO TOVAR 1527 SW 20 AVENUE MIAMI, FLORIDA 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDOZA, ESTHER 7431 BAYHILL DR MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIA LUISA TOVAR 1527 SW 20 AVENUE MIAMI, FLORIDA 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOREZ, MARIA 16401 NW 84 AVE MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGIA SANCHEZ 13852 SW 46 LANE MIAMI, FLORIDA 33175	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Maria Luisa Tovar</i>		<b>MARIA LUISA TOVAR</b>		<b>MARCH 19, 2006 (305) 541-7922</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	