


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 038 *****75.00

DOCUMENT # 757041 1. Entity Name ESTAMPAS DE COLOMBIA, INC.					
Principal Place of Business 13852 SW 46 LANE MIAMI, FL 33175 US			Mailing Address 13852 SW 46 LANE MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 1527 S.W. 20 AVENUE		3. Mailing Address 1527 S.W. 20 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 59-2635480	
Zip 33145		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, LICIA 13852 SW 46 LANE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name GUSTAVO TOVAR Street Address (P.O. Box Number is Not Acceptable) 1527 S.W. 20 AVENUE City MIAMI FL Zip Code 33145		
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 <i>Maria Luisa Tovar</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MARIA LUISA TOVAR/SECRETARY		MARCH 19-2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOVAR, GUSTAVO 1527 SW 20 AVENUE MIAMI, FL 33145	<input 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 ARICAPE, LIBARDO 3501 WEST 73 STREET HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIBARDO ARICAPE 3501 WEST 73 STREET HIALEAH, FLORIDA 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGGINS, GINA 19831 NW 86 COURT MIAMI, FL 33015	<input 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, GUSTAVO 1527 SW 20 AVENUE MIAMI, FL 33145	<input 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 TOVAR, MARIA L 1527 SW 20 AVENUE MIAMI, FL 33145	<input 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 SANCHEZ, LIGIA 13852 SW 46 LANE MIAMI, FL 33175	<input 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.					
SIGNATURE: <i>Maria Luisa Tovar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MARIA LUISA TOVAR SECRETARY		MARCH 19-2007 305-541-7922 <small>Date Daytime Phone #</small>	