



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766682</b> 1. Entity Name <b>COLORBRED CANARY CLUB OF MIAMI, INC.</b>	
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Principal Place of Business <b>13090 S.W. 199 AVENUE MIAMI, FL 33196 US</b>	Mailing Address <b>P.O. BOX 441261 MIAMI, FL 33144 US</b>
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0123631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TRINCADO, NORA  
13090 S.W. 199 AVENUE  
MIAMI, FL 33196**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000611339 02/02/07-80058-008 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIS, VINCENT 14210 SW 29 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRINCADO, NORA 13090 S.W. 199 AVENUE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD VALDES, JUAN JR 2875 S.W. 144 COURT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **1-25-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #