

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006058

1. Entity Name

FERNANDO COLLADO & ASOCIADOS, INC.



Principal Place of Business

**12390 SW 97TH TERR
MIAMI FL 33186**

Mailing Address

**525 NW 27TH AVENUE
SUITE 208
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-0456443

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIADIGOS, ROBERTO
12390 SW 97TH TERR
MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CP**
STREET ADDRESS **COLLADO, FERNANDO E**
CITY-ST-ZIP **AVENIDA SARASOTA NO 20 TORRE
SANTO DOMINGO REPUBLICA DOM**

TITLE ☐ Delete
NAME **VCVP**
STREET ADDRESS **AZILDE LICET TIO DE COLLADO**
CITY-ST-ZIP **AVENIDA SARASOTA NO 20 TORRE
SANTO DOMINGO REPUBLICA DOM**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MIOSOTIOS JISSEL COLLADO**
CITY-ST-ZIP **AVENIDA SARASOTA NO 20 TORRE
SANTO DOMINGO REPUBLICA DOM**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ROBERTO RIADIGOS**
CITY-ST-ZIP **AVENIDA SARASOTA NO 20 TORRE
SANTO DOMINGO REPUBLICA DOM**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000480396**
CITY-ST-ZIP **04/10/06 00041-013 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2006 631-0565