

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000000150

1. Entity Name
COLDBROOKE, INC.



Principal Place of Business
20320 FAIRWAY OAKS DR
331
BOCA RATON, FL 33434 US

Mailing Address
20320 FAIRWAY OAKS DR
331
BOCA RATON, FL 33434 US

3333
1/16/07
BIC authentic



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0359308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAHLER, I. KENNETH
20320 FAIRWAY OAKS DR
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAHLER, I. KENNETH 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHLER, BARBARA S 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80008-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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:

I. Kenneth Mahler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 561470 0940
Date Daytime Phone #