## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 06, 2007 08:00 A Secretary of State DOCUMENT # F95000003811 1. Entity Name COLONIAL VILLAGE MANAGEMENT CORP. Principal Place of Business: Mailing Address 33 SOUTH SERICE RD 33 SOUTH SERICE RD JERICHO NY 11753 JERICHO NY 11753 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 11-2922246 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOHAMMADBHOY, ADAM Street Address (P.O. Box Number is Not Acceptable) % HARLLEE & BALD P.A. 202 OLD MAIN STREET **BRADENTON FL 34205** City Zıp 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 toinstaing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDC ☐ Change TITLE ☐ Defete TITLE ☐ Addition ROSEN, ROBERT A NAME NAME U00000624806 33 SOUTH SERICE RD STREET ADDRESS STREET ADDRESS 02/14/07-80049-021 150.00 JERICHO NY 11753 CHY-ST-ZIP CITY-ST-ZIP VD HILE ☐ Delete IIIŒ ☐ Change Addition ROSEN, DAVID S NAME NAME 33 SOUTH SERICE RD STREET ADDRESS STRLET ADDRESS JERICHO NY 11753 CITY - ST - ZIP CITY-ST-ZIP DIE STDC ☐ Defete TITLE ☐ Change ☐ Addition ROSEN, FLORENCE NAME 33 SOUTH SERICE RD STREET ADDRESS STREET ADDRESS JERICHO NY 11753 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP ☐ Delete ШЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 logal 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.

**FILED**