


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G13586**  
 1. Entity Name  
**COLAMCO, INC.**



Principal Place of Business <b>975 FLORIDA PARKWAY, SUITE 1100          SUITE 1100          LONGWOOD, FL 32750-7635</b>	Mailing Address <b>975 FLORIDA PARKWAY, SUITE 1100          SUITE 1100          LONGWOOD, FL 32750-7635</b>
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02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2246530</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALDARRIAGA, JUAN G.  
 1225 HARDMAN DRIVE  
 ORLANDO, FL 32806**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 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	PTD SALDARRIAGA, JUAN G 1225 HARDMAN DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SALARRIAGA, DIEGO R 300 SWEETWATER CLUB CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SALDARRIAGA, CAMILO A 824 SWEETWATER ISLAND CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALDARRIAGA, ALEJANDRO 216 TIMBERCOVE CIR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/14/05-80071-006

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 file 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: Diego Saldarriaga Date: 2/11/05 Daytime Phone #: 407-261-1080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR