2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G13586

1. Entity Name
COLAMCO, INC.

Principal Place of Business	Mailing Address
975 FLORIDA PARKWAY, SUITE 1100 SUITE 1100 LONGWOOD, FL 32750-7635	975 FLORIDA PARKWAY, SUITE 1100 SUITE 1100 LONGWOOD, FL 32750-7635

02132007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2246530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALDARRIAGA, JUAN G.
1225 HARDMAN DRIVE
ORLANDO, FL 32806

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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

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	PTD
NAME	SALDARRIAGA, JUAN G
STREET ADDRESS	1225 HARDMAN DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	TD
NAME	SALARRIAGA, DIEGO R
STREET ADDRESS	300 SWEETWATER CLUB CIR
CITY-ST-ZIP	LONGWOOD, FL
TITLE	SD
NAME	SALDARRIAGA, CAMILO A
STREET ADDRESS	824 SWEETWATER ISLAND CIR
CITY-ST-ZIP	LONGWOOD, FL
TITLE	D
NAME	SALDARRIAGA, ALEJANDRO
STREET ADDRESS	4000 WARDELL PLACE
CITY-ST-ZIP	ORLANDO, FL 32814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80068-023 150.00

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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 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 2/16/07 407-261-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #