

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # G13586**

1. Entity Name  
**COLAMCO, INC.**



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

Mailing Address  
**975 FLORIDA PARKWAY, SUITE 1100  
SUITE 1100  
LONGWOOD, FL 32750-7635**



02292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2246530</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000853369  
03/26/08-80065-020 150.00

**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	

**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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diego Saldarriaga 3/07/08 407-261-1080**

Date

Daytime Phone #