2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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Entity Name
 COLON BUILDING, INC.



Principal Place of Business

25 SE 2ND AVE., STE. 750 MIAMI, FL 33131

Mailing Address

25 SE 2ND AVE., STE. 750 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPUSTIN, RAFAEL 25 S.E. SECOND AVENUE SUITE 750 MIAMI, FL 33131

NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the patients of registered agent. | L purpose of changing its registered | d office or r | egistered agent, or bo | oth, in the State of Florida I am familiar with, and accept | |
|--|---|--|-------------------|---------------------------------------|---|--|
| SIGNATURE | | | | | | |
| | | | Acient sign still | a recorded when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| HILE NAME GINEET AUDRESS OITY-ST-ZIP | PD KAPUSTIN, RAFAEL 25 SE SECOND AVE SUIE 750 MIAMI, FL | • | | | U00000578011 | |
| THE NAME STREET ADDRESS GITY-ST-74P | SD KAPUSTIN, SARA 25 SE SECOND AVE SUITE 750 MIAMI, FL | | | 00000578011 01/09/07-80012-016 150 | | |
| TITLE NAME STRELT ADDRESS CITY-ST-ZIP | MIAMI, FL VP KAPUSTIN, GINA E 25 SE SECOND AVE SUITE 750 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | | |
| TITLE NAME STREET ACTIRESS CITY-ST-ZIP | | | | | | |

12. Thereby certify that the information supplied with this filling 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFF