


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K07207</b>	
1. Entity Name COLIS, INC.	

Principal Place of Business 417 S. 21ST AVE. HOLLYWOOD, FL 33020	Mailing Address 417 S. 21ST AVE. HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**



04172004 No Chg-P CR2E034 (10/03)

4. PEI Number 65-0050467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROSENTHAL, ADRIENNE R 4803 NW 92ND AVE SUNRISE, FL 33351
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**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 _____ <small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000123305 04/21/04-80065-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALZANTI, JEANNETTE 1400 SHERIDAN ST., #7 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALZANTI, AL 1400 SHERIDAN ST., #7 HOLLYWOOD, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	ALBERT BALZANTI	4/17/04	954 930-8361
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>