


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # K07207		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  ROSENTHAL, ADRIENNE R 4803 NW 92ND AVE SUNRISE, FL 33351		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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
10. OFFICERS AND DIRECTORS		
TITLE	PD	U000000524834 05/04/06-80006-008 150.00  DO NOT WRITE IN THIS SPACE
NAME	BALZANTI, JEANNETTE	
STREET ADDRESS	1400 SHERIDAN ST., #7	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	SD	
NAME	BALZANTI, AL	
STREET ADDRESS	1400 SHERIDAN ST., #7	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____		Date _____ Daytime Phone # _____



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0050467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required