2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K36572

1. Entity Name
JUAN A. COLAO INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
9961 SW 142ND AVE MIAMI, FL 33186	9961 SW 142ND AVE MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0076522		Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, MELVIN
10651 N KENDALL DR
MIAMI, FL 33176

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	COLAO, JUAN A.
STREET ADDRESS	10221 SW 80TH ST
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	S
NAME	COLAO, BEATRICE
STREET ADDRESS	10221 SW 80TH ST
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80054-013 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Juan A. Colao_ 1/5/04 (305)386-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #