

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026129

FILED
Aug 04, 2006
Secretary of State

Entity Name: COL-AMERICAN GROUP, LLC

Current Principal Place of Business:

202-25 NE 34TH CT.
APT. 2019
AVENTURA, FL 33180

New Principal Place of Business:

2775 NE 187 ST
APT. W 518
AVENTURA, FL 33180

Current Mailing Address:

202-25 NE 34TH CT.
APT. 2019
AVENTURA, FL 33180

New Mailing Address:

2775 NE 187 ST
APT. W 518
AVENTURA, FL 33180

FEI Number: 56-2442243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARRA, ISABEL C
202-25 NE 34TH CT.
APT. 2019
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PARRA, ISABEL C
2775 NE 187 ST
APT. W518
AVENTURA, FL 33180 US

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.

SIGNATURE: ISABEL CRISTINA PARRA

08/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARRA, IVAN O
Address: 202-25 NE 34TH CT., APT. 2019
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PARRA, ISABEL C
Address: 202-25 NE 34TH CT., APT. 2019
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PASTRAN, OMAR
Address: 202-25 NE 34TH CT., APT. 2019
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PASTRAN, MARTA
Address: 202-25 NE 34TH CT., APT. 2019
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARRA, IVAN O
Address: 2775 NE 187 ST APT W 518
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: PARRA, ISABEL C
Address: 2775 NE 187 ST APT W 518
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: PASTRAN, OMAR
Address: 2775 NE 187 ST APT W518
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: PASTRAN, MARTA
Address: 2775 NE 187 ST APT W 518
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISABEL C PARRA

MGR

08/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date