2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # L77296

1. Entity Name

COLORKING INTERNATIONAL CARPET DYEING AND **CLEANING COMPANY**



Principal Pines of Punings Colorking Cle



Colorking Cle

FILED Feb 03, 2005 8:00 am Secretary of State

02-03-2005 90031 030 ***150.00

A0011571

601	Ste 111 601 N Congress Ave 1) elray Beach, FL 33445-4625 Ste 111 601 N Congress Ave Delray Beach, FL 33445-4625						II BIBNI BIBNI	ERI 11 1961	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb 59-301				olied For Applicable	
Zip Country		Zip	Zip Country		Certificate of Status Desired				
6Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
A	Colorking Cle		Name Street Address						
30	Sie 111 601 N Congress Ave				ss (P.O. Box Number is Not Acceptable)				
120	Delray Beach, Fl. 33445-4625								
)	City			FL	Zip Code	1	
8. The above named entry subplits this spatement 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 obl	the obligations of decidered broad								
SIGNATURE Signature, typod or printed name by Expertantial title if applicable. (NOTE: Registered Agent signature required when remaining) DATE									
SIGNATU		and title if applicable. (NOT	E: Registered Agent signat	re required when reinstating)		DATE		-	
					T				
	FILE NOWIII FEE IS \$150.00	9. Election Campa	ign Financing	\$5.00 May Be					
	May 1, 2005 Fee will be \$550.	OO Trust Fund Cont	tribution. \square	Added to Fees]				
40	OFFICERS AND	DIDECTOR		ADDITIONS	ICHANGES TO O	CEICEDO AND DIE	SCOTOD O	13.1.1.4	
10.	D OFFICERS AND		11.	ADUITIONS	/CHANGES TO U	FFICERS AND DIF			
TITLE .	DAU, PATRICIA A.	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDR			STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP						
	VP VP	☐ Delete					Change	Addition	
TITLE NAME	DAU, ROBERT E	□ Delete	title Namé			<u></u>	CHAINGE		
STREET ADDR			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			•			
		Delete -					Channa -c	. Addition	
NAME	DAU, ROBERT D		HAME	-		~~ ~~ =	: Change ==	- [-] Hushidira	
STREET ADOR			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME .		□ Delete	NAME	soonees.			- Simily		
STREET ADDR	ness ·		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		· Delete	TITLE				Change	☐ Addition	
NAME	1		NAME	1					
STREET ADDR			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I here	eby certify that the information supplied wit	th this filing does not qualify to	or the exemption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further certify	that the in	formation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusteer mpowered 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 addiress, with all other like empowered.