

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 049 ***150.00

DOCUMENT # L77296

1. Entity Name
**COLORKING INTERNATIONAL CARPET DYEING AND
CLEANING COMPANY**



40009999

Principal Place of Business Mailing Address
**601 NORTH CONGRESS AVE
SUITE 111
DELRAY BEACH, FL 33445-4625 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3014618 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLORKING CLE
601 N CONGRESS AVE SUITE 111
DELRAY BEACH, FL 33445-4625**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DAU, PATRICIA A.**
STREET ADDRESS **601 NORTH CONGRESS AVE. STE 111**
CITY- ST- ZIP **DELRAY BEACH, FL 33445**

TITLE **VP** ☐ Delete
NAME **DAU, ROBERT E**
STREET ADDRESS **601 NORTH CONGRESS AVE. STE 111**
CITY- ST- ZIP **DELRAY BEACH, FL 33445**

TITLE **S** ☐ Delete
NAME **DAU, ROBERT D**
STREET ADDRESS **601 NORTH CONGRESS AVE. STE 111**
CITY- ST- ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Patricia A. Dau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-08

Date

Daytime Phone #