


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M73740 1. Entity Name COLUMBIA PARTNERS, INC.	
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Principal Place of Business 825 BRIKCELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US	Mailing Address 825 BRIKCELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US
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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0038000	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENDELSON, LAURANS A. 825 S. BAYSHORE DR. SUITE 1643 MIAMI, FL 33131
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

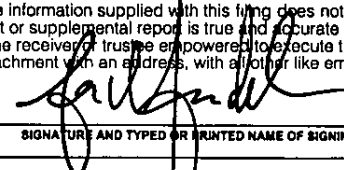
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDELSON, LAURANS A. 825 BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDELSON, VICTOR H 825 BRICKELL BAY DR., #1643 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDELSON, ARLENE 825 BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VETTER, JUDITH 825 BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM MENDELSON, ERIC A 825 BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80051-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Laurans A. Mendelson** 4/13/07 305-374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #