

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009365

FILED
Apr 24, 2007
Secretary of State

Entity Name: COLOMBIA CHAMBER OF COMMERCE OF BROWARD COUNTY, INC.

Current Principal Place of Business:

6289 W SUNRISE BLVD STE
258
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8104
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 54-2084533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTO, JAMES
5070 SW 24 ST
FT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

SOTO, JAMES
6289 W SUNRISE BLVD
PLANTATION, FL 33313 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: JAMES SOTO

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTO ROCA, JAMES
Address: 5070 SW 24 ST
City-St-Zip: FT LAUDERDALE, FL 33317

Title: T (X) Delete
Name: MARIA, SOTO
Address: 6289 W. SUNRISE BLVD. STE 258
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTO, MARIA
Address: 5070 SW 24 ST
City-St-Zip: FT LAUDERDALE, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SOTO

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date