FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014428

1. Entity Name

A Colombia Express, INC.

FILED
06 APR 26 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-06 WOP

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1769 63RD Road WAYS		20-4752717
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: West Palm Beach Fl.	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33415 County: Palm Beach	Zip / Country	

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7. Name and Address of Current Registered Agent

Name: JUAN G ARAUJO

Street Address (P.O. Box Number is Not Acceptable): 762 NW 25 Ave

City: Miami FL Zip Code: 33125

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] (Signature required in order to change registered agent and filed if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

800074534858 : 05/14/06--01001--006 **900.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	President Juan G. Araujo 762 NW 25 Ave Miami, Fl, 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President - Secretary Carlos Romero 1769 63N WAYS West Palm Beach, Fl, 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jose I Victoria 3448 10 Ave North Palm Springs, Fl, 33461
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
(SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

2842

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $900.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2001-2006 or any other notice from the Division of Corporations in respect with the Corporation **A COLOMBIA EXPRESS, INC.**

Thank you for your courtesy in this matter.

JUAN G. ARAUJO
PRESIDENT