

**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
1769 63RD ROAD WAYS
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
City & State

Zip
33415

Country
Palm Beach

Zip
Zip

Country
Country

4. EIN Number
20-4752717

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

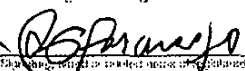
Name
JUAN G ARAUJO

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

City
Miami

FL **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: 

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

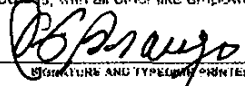
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
PRESIDENT	JUAN G. ARAUJO	762 NW 25 Ave	Miami, FL, 33125
VICE-PRESIDENT - SECRETARY	CARLOS ROMERO	1769 63RD WAYS	West Palm Beach, FL, 33415
TREASURER	JOSE I VICTORIA	3448 10 Ave North	Palm Springs, FL, 33461

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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 AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

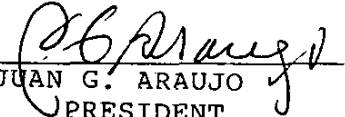
282

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