


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90122 001 ***600.00

DOCUMENT # P00000027913	
1. Entity Name COLQUIN GROUP CORP.	

Principal Place of Business 11741 SW 112TH TERRACE MIAMI, FL 33186	Mailing Address 11741 SW 112TH TERRACE MIAMI, FL 33186
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 900 WEST 49th STREET Suite, Apt. #, etc.
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City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33012	Country USA

6. Name and Address of Current Registered Agent RODRIGUEZ, ALFONSO 6780 CORAL WAY SUITE 100 MIAMI, FL 33155	
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66015497



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0998673	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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLORADO, EDGAR 11741 SW 112TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edgar Colorado PRI-S. 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDGAR COLORADO