


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027913						FILED 06 JUN 20 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name COLQUIN GROUP CORP.				Principal Place of Business 11741 SW 112TH TERRACE MIAMI, FL 33186			
Mailing Address 900 WEST 49TH STREET MIAMI, FL 33186							
2. Principal Place of Business		3. Mailing Address		06162006		Chg-P	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E034 (11/05)			
City & State		City & State		4. FEI Number		Applied For	
		MIAMI, FLORIDA		65-0998673		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
33186	USA	33186	USA				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RODRIGUEZ, ALFONSO 6780 CORAL WAY SUITE 100 MIAMI, FL 33155				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLORADO, EDGAR			NAME			
STREET ADDRESS	11741 SW 112TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: EDGAR COLORADO, President				6/14/06 <small>Signature and typed or printed name of signing officer or director</small>			
				<small>Date</small> 6/14/06 <small>Daytime Phone #</small>			