


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90008 034 ***150.00

DOCUMENT # P00000041951

1. Entity Name
COLOCONNECTION, INC.



Principal Place of Business
**2601 SOUTH BAYSHORE DRIVE
 NINTH FLOOR
 MIAMI, FL 33133**

Mailing Address
**2601 SOUTH BAYSHORE DRIVE
 NINTH FLOOR
 MIAMI, FL 33133**

54017367



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1005493

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SICHTA, ROBERT D
 2601 SOUTH BAYSHORE DRIVE
 9TH FL
 MIAMI, FL 33133**

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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDINA, MANUEL D 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GOODKIND, BRIAN K 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS GONZALEZ, JOSE E 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SICHTA, ROBERT 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 | 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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

DP
JOSE SERRERA
2601 S. BAYSHORE DR, 9TH FLOOR
MIAMI, FL 33133

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:  **ROBERT D. SICHTA, ASST. SECRETARY** **3-8-04** **305-856-3240**

Signature and typed or printed name of signing officer or director Date Daytime Phone #