

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90390 030 ***150.00

DOCUMENT # P00000063403

1. Entity Name
COLEXPO INCORPORATED



Principal Place of Business
**312 MINORCA AVE
SUITE 103
CORAL GABLES, FL 33134**

Mailing Address
**PO BOX 558676
MIAMI, FL 33255-8676**



2. Principal Place of Business
2332 GALIANO ST.

3. Mailing Address
2332 GALIANO ST.

Suite, Apt. #, etc.
SUITE 122

Suite, Apt. #, etc.
SUITE 122

02132004 Chg-P CR2E034 (10/03)

City & State
CORAL GABLES

City & State
CORAL GABLES

4. FEI Number
59-3672090

Applied For
☐ Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

**CAMARGO, JORGE E
312 MINORCA AVE, STE 103
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name
JORGE CAMARGO

Street Address (P.O. Box Number is Not Acceptable)

2332 GALIANO ST. SUITE 122

City
CORAL GABLES

FL

Zip Code
33134

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]

JORGE CAMARGO

04/12/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, ANDRES
2801 NW 23 BLVD W 156
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, CAMILA
2801 NW 23 BLVD W 156
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VELEZ, ALEJANDRO
2801 NW 23 BLVD W 156
GAINESVILLE, FL 32605** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, ANDRES
312 MINORCA AVE, STE 103
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, CAMILA
312 MINORCA AVE, STE 103
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VELEZ, ALEJANDRO
312 MINORCA AVE, STE 103
CORAL GABLES, FL 33134** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, ANDRES
2332 GALIANO ST. SUITE 122
CORAL GABLES, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NARANJO, CAMILA
2332 GALIANO ST. SUITE 122
CORAL GABLES, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VELEZ, ALEJANDRO
2332 GALIANO ST. SUITE 122
CORAL GABLES, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camila Naranjo Director

04/12/04 3053059544

DATE

EXPIRATION DATE