

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 020 ***150.00

DOCUMENT # P00000069110

1. Entity Name

COLOMBIANA DE ADUANAS, INC.



Principal Place of Business

5220 NW 72 AVE
19
MIAMI FL 33166

Mailing Address

5220 NW 72 AVE
19
MIAMI FL 33166



2. Principal Place of Business

4692 NW 74 AVE
Suite, Apt. #, etc.
MIAMI FL 33166

3. Mailing Address

4692 NW 74 AVE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI FL 33166

City & State

MIAMI FL

4. FEI Number

02-0555589

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVAS, ANDRES
5220 NW 72 AVE #19
MIAMI FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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

TITLE PD ☐ Delete
NAME LOPEZ, LIZETH ZAMBONI
STREET ADDRESS AV 3AN #24N-23 PISO 2
CITY-ST-ZIP CALI, COLOMBIA

TITLE VD ☐ Delete
NAME MARIN, DIEGO
STREET ADDRESS 5220 NW 72 AVE #19
CITY-ST-ZIP MIAMI FL 33166

TITLE SD ☐ Delete
NAME PAYAN, FEDERICO
STREET ADDRESS 5220 NW 72ND AVENUE, #19
CITY-ST-ZIP MIAMI FL 33166

TITLE TD ☐ Delete
NAME LENIS, ENRIQUE A
STREET ADDRESS 5220 NW 72 AVE #19
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (305) 476130