

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000069461

1. Entity Name  
FREEDOM OF COLORS, INC.



Principal Place of Business  
12186 SW 128TH STREET  
MIAMI, FL 33186

Mailing Address  
12186 SW 128TH STREET  
MIAMI, FL 33186



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1076630

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAMPELLO, SILVIA  
12186 SW 128TH STREET  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CAMPELLO, VALERIA
STREET ADDRESS	9830 SW 125 AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	D
NAME	CAMPELLO, UGO
STREET ADDRESS	9830 SW 125 AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	DVP
NAME	CAMPELLO, SILVIA
STREET ADDRESS	10205 SW 115 CT
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000623361  
02/13/07-80063-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valeria Campello VALERIA CAMPELLO

Date

Daytime Phone #

1/31/07