2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P00000082855



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91845 009 ***150.00



COLOR'S I	MPORT-EXPORT, CORPOR	RATION			
Principal Place of Business 1444 BISCAYNE BLVD # 208 MIAMI FL 33132		Mailing Address 9601 FONTAINEBLEAU BLVD MIAMI FL 33172			
2. Principal Pla	ace of Business 514100 bleas Blus #317	3. Mailing Address			
Suite, Apt. #, etc. # 3/7		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1042972	Applied For Not Applicable
HIQH	1) FL Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
Zip 33/	عرد (عرد) عو				Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered	tgent
MEDELLIN.	EDUARDO		Stroot Address	(P.O. Box Number is Not Acceptable)	
-	TAINEBLEAU BLVD		Street Address	(.o. box names to receive experience)	
MIAMI FL 3	33172				
i ·			City	FL	
the obligati	ons of registered agent. Signature, typed or printed name of registered agent a	elle.	Registered Agent signature require	ered agent, or both, in the State of Florida. I am O4/29/03 DATE)
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State		masty and demineration	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDOYA, ANTONIO CALLE 159 3594, APT. 404 BOGOTA COLOMBIA	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDELLIN, EDUARDO 9601 FONTAINEBLEAU BLVD MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition
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12. I hereby	certify that the information supplied wit d on this report or supplemental report	th this filing does not qualify fo is true and accurate and that I	or the exemption stated in my signature shall have th	Section 119.07(3)(i), Florida Statutes. I further one same legal effect as if made under oath; that	I am an officer or director s in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #