


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90014 032 \*\*\*150.00

<b>DOCUMENT # P01000011493</b>	
1. Entity Name <b>NEW YORK COLORS, CORP.</b>	

Principal Place of Business <b>9711 SW 162 CT. MIAMI, FL 33196</b>	Mailing Address <b>9711 SW 162 CT. MIAMI, FL 33196</b>
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2. Principal Place of Business <b>16151 S.W. 83 RD STREET</b>	3. Mailing Address <b>16151 S.W. 83 RD STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI, FL.</b>	City & State <b>MIAMI, FL.</b>
Zip <b>33193</b>	Country <b>USA</b>



07252004 Chg-P CR2E034 (10/03)

4. FEI Number <b>APPLIED FOR 52229418</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DEL VALLE, ODETT 9711 SW 162 CT. MIAMI, FL 33196</b>	7. Name and Address of New Registered Agent Name <b>DEL VALLE, ODETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>16151 S.W. 83 RD STREET</b> City <b>MIAMI</b> FL Zip Code <b>33193</b>
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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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEL VALLE, ODETT 9711 SW 162 CT. MIAMI, FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEL VALLE, ODETT 16151 S.W. 83 RD STREET MIAMI, FL. 33193</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Odett Del Valle **ODETT DEL VALLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-10-04** **786 306 3418**  
Date Daytime Phone #