2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90021 042 ***150.00

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1. Entity Name
THE PLACE, AT THE COLONNADE, INC.

Principal Place of Business	Mailing Address
2333 PONCE DE LEON #070 CORAL GABLES, FL 33134	2333 PONCE DE LEON #070 CORAL GABLES, FL 33134

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2440 S.W.]26 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, Florida
Zip / Country	Zip: 33]75 / Country: Miami-Dade

4. FEI Number: 65-1103237 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELIAS, TERESITA
2333 PONCE DE LEON
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: ELIAS, TERESITA
Street Address (P.O. Box Number is Not Acceptable): 2440 S.W.]26 Avenue
City: Miami FL Zip Code: 33]75

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] 2/19/2007
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIAS, TERESITA 2333 PONCE DE LEON CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ELIAS, TERESITA 2440 S.W.]26 Avenue Miami, Florida 33]75	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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] 2/19/2007 305-44]-9]96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TERESITA ELIAS, President