2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90016 047 ***150.00

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03022008 Chg-P CR2E034 (12/06)

DOCUMENT # P01000041685

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

Principal Place of Business	Mailing Address
2333 PONCE DE LEON #070 CORAL GABLES, FL 33134	2442 S.W. 126 AVENUE MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2440 SW 126 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. MIAMI
City & State	City & State FL
Zip / Country	Zip 33175 / Country USA

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	7. Name and Address of New Registered Agent
ELIAS, TERESITA 3440 S.W. 126 AVENUE MIAMI, FL 33175	Name ELIAS, TERESITA Street Address (P.O. Box Number is Not Acceptable) 2440 SW 126 AVE City MIAMI FL Zip Code 33175

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] 3/7/2008
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, 2008 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	PSD ELIAS, TERESITA 2440 S.W. 126 AVENUE MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 3/7/2008 305-441-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TERESITA ELIAS, PRESIDENT