## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000080930

Entity Name: COLONIAL HOMES INVESTMENT GROUP, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

685 SW 168TH WAY

PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

685 SW 168TH WAY

PEMBROKE PINES, FL 33027 US

FEI Number: 65-1133332 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES-WILLIAMS, LISA L
1021 IVES DAIRY RD
STE 216

JONES, LISA L
400 N HIATUS RD
200

MIAMI, FL 33179 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: LISA L JONES 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

Name: JONES-WILLIMAS, LISA L PRES Name: JONES, LISA L PRES
Address: 1021 IVES DAIRY RD STE 216 Address: 400 N. HIATUS RD

City-St-Zip: MIAMI, FL 33179 US City-St-Zip: PEMBROKE PINES, FL 33024 US

 Title:
 TRES
 ( ) Delete
 Title:
 TRES
 (X) Change ( ) Addition

 Name:
 JONES-WILLIAMS, LISA L TRES

 Name:
 JONES-WILLIAMS, LISA L TRES

 Address:
 1021 IVES DAIRY RD STE 216
 Address:
 400 N HIATUS RD

 City-St-Zip:
 MIAMI, FL 33179 US
 City-St-Zip:
 PEMBROKE PINES, FL 33024 US

 $\label{eq:title: VP (X) Change () Addition} \begin{tabular}{ll} Title: & VP & (X) Change () Addition \\ \end{tabular}$ 

 Name:
 SLAVIN, SERGEY VPRES
 Name:
 JONES, APRIL VPRES

 Address:
 1021 IVES DAIRY RD STE 216
 Address:
 17120 NW 11TH AVE

 City-St-Zip:
 MIAMI, FL 33179 US
 City-St-Zip:
 MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA JONES PRES 04/30/2005