FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91792 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P02000006042

1. Entity Name
ColGROUP International, INC

Principal Place of Business	Mailing Address
8373 Lake Dr #202 Miami Fl 33166	8373 Lake Dr #202 Miami Fl 33166

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7268 NW 25 St	7105 SW 8 St
Suite, Apt #, etc	Suite, Apt #, etc. 309
City & State: Miami Fl	City & State: Miami Fl
Zip: 33122 Country:	Zip: 33144 Country:

4. FEI Number: 02-0534975 — Applie / Not Ap

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

6. Name and Address of Current Registered Agent

Giraldo JAIME E.
10827 NW 29 St
Miami Fl 33172

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 7268 NW 25 St
City: Miami FL Zip Code: 33122

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 the obligations of registered agent.

SIGNATURE: Jaime E Giraldo — Jaime E Giraldo — 4/29/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	Giraldo Jaime E.	
STREET ADDRESS	8373 Lake Dr #202	
CITY-ST-ZIP	Miami Fl. 33166.	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		☒ Change ☐
NAME		
STREET ADDRESS	10755 NW 50 St #204	
CITY-ST-ZIP	Miami Fl 33178	
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 infor 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 c 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 Bl changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Jaime E Giraldo — Jaime E Giraldo — 4/28/03 — (305) 226-344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #