

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000042774
1. Entity Name
COLINEAL CORPORATION



Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 800
MIAMI, FL 33126 US
Mailing Address
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SUITE 800
MIAMI, FL 33126 US



2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
76-0510341
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 re-registering) 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for MALDONADO ALVAREZ, ROBERTO and MALDONADO, CATALINA.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entry: U00000845761 03/18/08-80001-001 150.00

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...

SIGNATURE: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #