


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90122 035 \*\*\*150.00

<b>DOCUMENT # P02000056220</b> 1. Entity Name COLONIAL TRANS OF L.I. INC.	
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Principal Place of Business 12301 ROCKLEDEGE CIR BOCA RATON, FL 33428	Mailing Address 12301 ROCKLEDEGE CIR BOCA RATON, FL 33428
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**50051416**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0770079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SORACI, KEITH 12301 ROCKLEDEGE CIR BOCA RATON, FL 33428
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORACI, KEITH 12301 ROCKLEDEGE CIR. BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_