

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90068 002 \*\*\*150.00

DOCUMENT # P02000062519

1. Entity Name  
COLOUR EXPLOSION INC.



Principal Place of Business

~~1382 N.W. 13TH COURT~~  
~~BOCA RATON, FL 33486~~

712 RIVERSIDE DR.  
CORAL SPGS, FL 33071

Mailing Address

1382 N.W. 13TH COURT  
BOCA RATON, FL 33486



01072004 No Chg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0451337

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FREUDENBERG, LUCILLE  
1382 N.W. 13TH COURT  
BOCA RATON, FL 33486

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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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FREUDENBERG, LUCILLE
STREET ADDRESS	1382 N.W. 13TH COURT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	ST
NAME	LOVELY, PAMELA
STREET ADDRESS	11435 ORANGE BLOSSOM LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lucille Freudenberg / Lucille Freudenberg 1/10/04 561-338-0923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #