
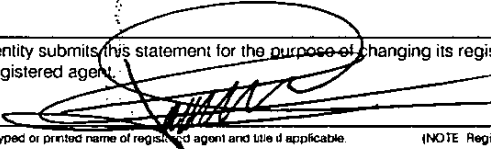


2006 FOR PROFIT CORPORATION ANNUAL REPORT

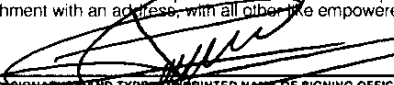
FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90444 006 ***158.75

DOCUMENT # P02000081961			
1. Entity Name KOLDO GROUP, INC.			
Principal Place of Business 7393 NW 113 CT MIAMI, FL 33178		Mailing Address 7393 NW 113 CT MIAMI, FL 33178	
2. Principal Place of Business 5926 NW 113 P Suite, Apt. #, etc.		3. Mailing Address 5926 NW 113 PL Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33178	Country USA	Zip 33178	Country USA
6. Name and Address of Current Registered Agent CONTRERAS, LUIS 7393 NW 113 CT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name CONTRERAS LUIS Street Address (P.O. Box Number is Not Acceptable) 5926 NW 113 PL City MIAMI FL Zip Code 33178	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, LUIS J 7393 NW 113 CT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GONZALEZ, LUIS J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5926 NW 113 PL MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONTRERAS, LUIS 7393 NW 113 CT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTRERAS LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5926 NW 113 PL MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; 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 the empowered.

SIGNATURE:

 **LUIS CONTRERAS** 04-19-06 305 300 3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50014870



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
13-4216239 Applied For
Not Applicable

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