


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000030993 1. Entity Name COLONIAL DRIVE SHOPPING CENTER, INC.	
--	---

Principal Place of Business 9525-9561 COLONIAL DR MIAMI, FL 33157	Mailing Address 7840 SW 129 TERRACE MIAMI, FL 33156
---	---



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3086768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWBURN, HAROLD 7840 SW 129 TERRACE MIAMI, FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE	D
NAME	NEWBURN, HAROLD
STREET ADDRESS	7840 SW 129 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	NEWBURN, AUDREY
STREET ADDRESS	7840 SW 129 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000637610
02/26/07-80068-009 150.00

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; 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: Audrey C. Newburn Audrey C. Newburn 2-14-07 305-235-9437

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