


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90034 024 ***158.75

| | |
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| DOCUMENT # P03000035019 |  |
| 1. Entity Name COLTECOM INC. | |

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| Principal Place of Business 3350 W HILLSBOROUGH AVENUE APT 813 TAMPA, FL 38614 | Mailing Address 3350 W HILLSBOROUGH AVENUE APT 813 TAMPA, FL 38614 |
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|---|---|
| 2. Principal Place of Business 2918 W. Giddens Ave | 3. Mailing Address 2918 W. Giddens Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------|--------------------------------|
| City & State Tampa, Florida | City & State Tampa, Florida |
| Zip 33614 | Zip 33614 |
| Country USA | Country USA |



01052005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0078192 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RODRIGUEZ, MARIBEL 3350 W HILLSBOROUGH AVENUE APT 813 TAMPA, FL 38614 | 7. Name and Address of New Registered Agent Name SIERRA, GERARDO Street Address (P.O. Box Number is Not Acceptable) 2918 W. Giddens Ave City Tampa FL Zip Code 33614 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PD RODRIGUEZ, MARIBEL 335020 W HILLSBOROUGH AVENUE APT 813 TAMPA, FL 38614 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SIERRA, GERARDO 2918 W. Giddens Ave Tampa, Florida, 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SIERRA, GERARDO 335020 HILLSBOROUGH AVENUE APT 813 TAMPA, FL 38614 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODRIGUEZ, MARIBEL 2918 W. Giddens Ave Tampa, Florida, 33614 <input checked="" 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 |
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| 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 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:  **01-06-05 (813) 245-2751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #