Sep 10, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000081795** 01-20-2004 90059 031 ***150.00 1. Entity Name COLMIG ENGINEERING, INC. Principal Place of Business Mailing Address 66433410 1820 N. CORPORATE LAKES BLVD., SUITE 205 1820 N. CORPORATE LAKES BLVD., SUITE 205 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Búsiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08252004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 05-0580281 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Igor Colmenares BRICENO, PEDRO ddress (P.O. Box Number is Not Acceptable) 820 N. Corporate Lakes 1820 N. CORPORATE LAKES BLVD., SUITE 205 WESTON, FL 33326 202 Zip Code 33326 weston or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registere SIGNATURE aled agent and title if applicable (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete ☐ Change ☐ Addition BRICENO, PEDRO NAME NAME STREET ADDRESS 1820 N. CORPORATE LAKES BLVD., SUITE 205 STREET ADDRESS CITY-ST-ZIF WESTON, FL 33326 COY-ST-ZIP fresident Addition TITLE Delete TITLE Change Igor Colmenares NAME MAME 1820 N Corporate Lakes Olud, Ste 205 STREET AUDRESS STREET AUDRESS CHY-SI-ZIP Weston, FC 33326 CHY-SI-ZIP me Delete TITLE Change ☐ Addition NAME: ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City+ST-7IP ☐ Delete THILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS GBY-SI-ZIP CHY-SE-ZIP Datale [TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP GiTY-ST-ZIE Delete HILE HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C:TY- ST - ZIP C:TY-ST-ZIP

12. Thereby 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 it 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:

THE AND THOSE OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR

25/2019

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2004 FOR PROFIT CORPORATION

1/20/2004-90059-031-\$150.00-\$150.00

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	6. Name and Address of Current	Registered Agent	<u>' — </u>	Name	7. Name and	ddress of New R				
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the obligat	named entity submits this statement to cost of registered agent.				iquitéd vitan revalating;		1-8-0			
- ~, FIL	E NOWIII-FEE IS \$150.00	9. Election Campa	aign Financi	ing	\$5.00 May 8e				·	
After Ma	ay 1, 2004 Fee will be \$550.		tribution.	D	Added to Fees					
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12. Higreby Indicated of the co changed	cortily that the information supplied wit on this report or supplemental report reporation or the receiver or trustee em- or on an attachment with an extress	h this filing does not qualify is strue and accurate and that sowered to execute this rapo- with all other like emporere	or the exem my signatu rt as require d.	ption stated ire shall have ed by Chaplo	in Section 119 07(3)(i the same legal effect or 607, Florida Stelute), Florida Statutes, as if made under s; and that my nar	I further certil oath; that I en ne appears in	y that the in n an officer Block 10 or	iformation or director Block 11 il	
SIGNAT	rure:	The same	<u> </u>	<u> </u>		1-8-04		4-452	-8200	
	SIGNATURY AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	P OR DIRECTO)R		Deta		sene Phone 6		

Attachment 66433410

David Doddo

300 South Pine Island Road | Suite 256 | Plantation | Florida 33324 Office: (954) 452-8200 | Fax: (954) 452-8333 | www.Doddo.com

August 25, 2004

Florida Department of State Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

> Re: Notice of Intent to Dissolve Colmig Engineering, Inc. Document # P03000081795

Dear Sirs:

Please accept this as a response to your notice of intent to dissolve the above-mentioned corporation. The corporation timely filed its 2004 corporate annual report in January of 2004, and timely paid the fee of \$150. The check, number #1037, for \$150 cleared the shareholders account on January 28, 2004: Unfortunately, the original corporate annual report filed did not report the corporations tax identification number. For this reason, the report was returned to the taxpayer. The taxpayer promptly completed the annual report and mailed it back to the Division of Corporations.

Upon receiving this notice of intent to dissolve, I contacted the Division of Corporations and explained the situation. A review of the taxpayers account shows that the taxpayer has a credit for the \$150 paid in January 2004. The representative at the Division of Corporations requested that the taxpayer sign a new annual report for 2004 and mail it with a letter explaining this error.

Please adjust your records to show that the taxpayer did file its 2004 annual report and pay the fee due of \$150. Thank you in advance for your assistance with this matter. If I can be of any assistance you may contact me at 954-452-8200.

Respectfully,

David J. Doddo, C.P.A.

Enclosures