## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-08-2006 90268 022 \*\*\*150.00 DOCUMENT # P03000094591 1. Entity Name COLOMBIMEX, INC. 40000---Principal Place of Business Mailing Address 7105 SW 8TH STREET 7105 SW 8TH STREET SUITE 309 MIAMI, FL 33144 SUITE 306 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address 7105 5W 8*5*11001 Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04282006 CR2E034 (11/05) 300 City & State 4. FEI Number Applied For City & State MIQMI, FL 20-0189990 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33144 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAZAR, LUZ M Street Address (P.O. Box Number is Not Acceptable) 7105 SW 8TH STREET SUITE 309 MIAMI, FL 33144 2005 5W 85TYCCT 5TC 2006 City MIQMI 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 Toed of p (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition THEE SALAZAR, LUZ M NAME NAME 7105 5W 8 STREET STE 3006 STREET ADDRESS 7105 SW 8TH STREET SUITE 309 STREET ADORESS MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP 33144 710ML, FL Change HILL ☐ Delete TITLE Addition VALDERRUTEN, OMAR MAME NAME 7105 5W 8 STYCCT STC 306 STREET ADDRESS 7105 SW 8TH STREET SUITE 309 STREET ADDRESS CITY ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP 33144 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 10Z 7. 50 LOZOV
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED** 

May 08, 2006 8:00 am Secretary of State