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May 08, 2006 8:00 am
Secretary of State

05-08-2006 90268 022 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094591

1. Entity Name
COLOMBIMEX, INC.

Principal Place of Business	Mailing Address
7105 SW 8TH STREET SUITE 309 MIAMI, FL 33144	7105 SW 8TH STREET SUITE 306 MIAMI, FL 33144

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7105 SW 8 STREET	
Suite, Apt. #, etc. 306	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33144 Country	Zip Country

4. FEI Number 20-0189990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, LUZ M
7105 SW 8TH STREET SUITE 309
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7105 SW 8 STREET STE 306

City MIAMI FL Zip Code 33144

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] 04.20.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SALAZAR, LUZ M 7105 SW 8TH STREET SUITE 309 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7105 SW 8 STREET STE 306 MIAMI, FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALDERRUTEN, OMAR 7105 SW 8TH STREET SUITE 309 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7105 SW 8 STREET STE 306 MIAMI, FL 33144
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: LUZ M. SALAZAR 04.20.06 3052263443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #