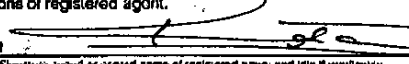


FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90011 050 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000103273			
1. Entity Name COLOR, ART & DESIGN, INC.			
Principal Place of Business 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019		Mailing Address 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019	
2. Principal Place of Business 2761 OCEAN CLUB BLVD		3. Mailing Address 2761 OCEAN CLUB BLVD	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State Hollywood - FLORIDA		City & State HOLLYWOOD - FLORIDA	
Zip 33019	Country US	Zip 33019	Country US
6. Name and Address of Current Registered Agent ROTA, ADRIANA G 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (N/A for: Registered Agent signature required when renewing) 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-AP D BERLIN, JORGE 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D QUARANTA, NESTOR E 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROTA, ADRIANA G 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROTA, ADRIANA G 2101 SOUTH OCEAN DRIVE STE 2604 HOLLYWOOD, FL 33019	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Obligation Expires	