


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90029 030 ***150.00

DOCUMENT # P03000141557	
1. Entity Name COLORS URBAN BAR INC.	

Principal Place of Business 3048 NE 4TH AVENUE WILTON MANORS, FL 33334 US 2736 N. FEDERAL H'WAY FT. LAUD., FL 33306	Mailing Address 3048 NE 4TH AVENUE WILTON MANORS, FL 33334 US
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94040221



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2736 N. FEDERAL H'WAY Suite, Apt. #, etc.	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip	Country
		33306	USA

01212004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0581469	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICKLAS, KIRK 3048 NE 4TH AVENUE WILTON MANORS, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A. City FL Zip Code	
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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 <u>K. Nicklas</u> Signature, typed or printed name of registered agent and title if applicable.	KIRK NICKLAS, President. 03.27.04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICKLAS, KIRK 3048 NE 4TH AVENUE WILTON MANORS, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, RORY 3048 NE 4TH AVENUE WILTON MANORS, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: <u>Rory G. Kelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03.27.04 (954) 564-3592 Date Daytime Phone #

RORY G. KELLY