2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -5 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000158039

1. Entity Name
COLT & MILLER REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~5110 SW 69TH AVE MIAMI, FL 33155~~	~~5110 SW 69TH AVE MIAMI, FL 33155~~
2. Principal Place of Business: 2655 LeJeune Rd	3. Mailing Address: 2655 LeJeune Rd
Suite, Apt # etc: # 507	Suite, Apt #, etc: # 507
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33134 Country: USA	Zip: 33134 Country: USA

04282006 Chg P CR2E034 (11/05)

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC
3732 N.W. 16TH STREET
FT LAUDERDALE, FL 33311-4132

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 (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

400075023394
05/22/06--01047--012 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIETO, WILLIAM		NAME	
STREET ADDRESS	5110 SW 69TH AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIETO, WILLIAM		NAME	
STREET ADDRESS	5110 SW 69TH AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] by Atty in fact Juan Urdaneta for: William Prieto D/P 305-728-1319 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #