2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000049201

1. Entity Name **COLOR DESIGNERS COMPANY**

Principal Place of Business



FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90033 025 ***150.00

THRUVY -

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Mailing Address	-
1835 E HALLANDALE BEACH B 405 Hallandale, Fl 33009	LVD
TIMED MONEE, TE 00000	

405		1835 E HALLANDALE BEACH BLVD 405 HALLANDALE, FL 33009			<i>}</i>	AND FIND FIRM AND TO) 	18 (CTI) 88161 III				
2. Principal Place of Business - No P.O. Box # 3.		s, Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092007	Chg-P	CR2E0	34 (12/06)				
City & State				City & State		4	4. FEI Numbe			_ 	plied For t Applicable	
Zip		Country		Zip Country			;	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
-	6. Name	and Address of Curre	nt Regis	tered Agent			7	7. Name and	Address of New	Registered A	.gent	
CASTILLO, CLAUDIA 1835 E HALLANDALE BEACH BLVD 405				Name Street Address (P.O. Box Number is Not Acceptable)								
HALLANDALE, FL 33009					City		 		FL	Zip Code	e	
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, typec	or printed name of registered age	ent and title	il applicable. (NOTE	E Registere	ed Agent signatur	re required wh	nen reinstating)		DATE		
FILE After Ma	NOW!!! y 1, 200	FEE IS \$150.00 7 Fee will be \$550	0.00	9. Election Campai Trust Fund Conti			\$5.00 Added	0 May Be to Fees				
10.		OFFICERS AN	ID DIRE	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
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12. Thereby of	ertify that the	e information supplied w	vith this I	filing does not qualify fo	or the ex	emptions co	ontained in	n Chapter 119	Florida Statutes.	I further cert	ify that the ir	nformation

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.

SIG	iN/	ATL	ΙR	E
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA CASTILLO

(954) 274 - 7047

Daytime Phone #