


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 004 ***150.00

DOCUMENT # P04000107265			
1. Entity Name COLON & ASSOCIATES, INC.			
Principal Place of Business 4425 SW 160 AVE UNIT 210 MIRAMAR, FL 33027		Mailing Address 4425 SW 160 AVE UNIT 210 MIRAMAR, FL 33027	
2. Principal Place of Business - No P.O. Box # 2421 CENTERGATE DR Suite, Apt. #, etc. UNIT 205		3. Mailing Address 2421 CENTERGATE DR. Suite, Apt. #, etc. UNIT 205	
City & State MIRAMAR, FL		City & State MIRAMAR, FL	
Zip 33025		Country 33025	
4. FEI Number 20-1394254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWE, DENNIS 7740 NW 29 STREET MARGATE, FL 33063		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D COLON, SONIA I 4425 SW 160 AVE UNIT 210 MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2421 CENTERGATE DR UNIT 205 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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: _____		1/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	