## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000125239 04-29-2005 90271 011 \*\*\*150.00 COLONIA ENTERPRISES U.S.A., INC. Principal Place of Business Mailing Address 221 SW 22ND AVE 221 SW 22ND AVE 256 256 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04262005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1705661 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLEGOS, LETICIA Street Address (P.O. Box Number is Not Acceptable) **5077 NW 7TH STREET** 1603 MIAMI, FL 33126 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . Ρ ☐ Delete TITLE ☐ Change ■ Addition NAME: GALLEGOS, LETICIA NAME STREET ADDRESS 5077 NW 7TH STREET # 1603 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CHY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete ☐ 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 TITEF ☐ 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 exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied to the composition of the corporation or the receiver of the composition of the corporation or the receiver of the corporation of the corporation

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #