

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90029 046 \*\*\*150.00

<b>DOCUMENT #</b>	P04000130664	2007
<b>1. Entity Name</b>		
COLORPRO FINISHERS INC		

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
1655 PALM BEACH LAKES BLVD		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
WEST PALM BEACH, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33411	USA		

<b>4. FEI Number</b>	<b>Applied For</b>
74-3131092	Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	
KIM ZAKARIAN	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
3169 SANTA MARGARITA RD	
<b>City</b>	<b>Zip Code</b>
WEST PALM BEACH	33411

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	KIM ZAKARIAN
<b>STREET ADDRESS</b>	3169 SANTA MARGARITA RD
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL 33411
<b>TITLE</b>	CEO
<b>NAME</b>	ALVARO AHAD
<b>STREET ADDRESS</b>	2906 FONTANA LANE
<b>CITY-ST-ZIP</b>	ROYAL PALM BEACH FL 33411
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALVARO G. AHAD 4/25/07 561-202-2590