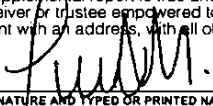


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90061 014 ***150.00

DOCUMENT # P04000144628 1. Entity Name COLBERT, INC.																																																					
Principal Place of Business 150 W FLAGLER STREET SUITE 175 MIAMI, FL 33130				Mailing Address 150 W FLAGLER STREET SUITE 175 MIAMI, FL 33130																																																	
2. Principal Place of Business - No P.O. Box # 2315 NW, 107 AVE Suite, Apt. #, etc. SUITE 1M17, Box 52		3. Mailing Address 11365 NW, 52 ST Suite, Apt. #, etc. 																																																			
City & State DORAL		City & State MIAMI		03142007 Chg-P CR2E034 (12/06)																																																	
Zip FL 33172		Country DADE		4. FEI Number 20-1782049																																																	
Zip FL 33178		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent COLLAZO, ALEX 5056 NW 119TH PLACE DORAL, FL 33178				7. Name and Address of New Registered Agent Name Rafael Giampetruzzi Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL Zip Code 33178																																																	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
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																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>PTD COLLAZO, ALEX 5056 NW 119TH PLACE DORAL, FL 33178</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VSD GIAMPETRUZZI, RAFAEL 11365 NW 52ND STREET DORAL, FL 33178</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>President</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		PTD COLLAZO, ALEX 5056 NW 119TH PLACE DORAL, FL 33178						VSD GIAMPETRUZZI, RAFAEL 11365 NW 52ND STREET DORAL, FL 33178	<input type="checkbox"/> Delete		President	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input 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  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					