


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90008 001 \*\*\*150.00

<b>DOCUMENT # P05000011756</b> 1. Entity Name COLOMBIA'S CAFE, INC.																																																																									
Principal Place of Business 2471 PEMBROKE RD. HOLLYWOOD, FL 33020			Mailing Address 2471 PEMBROKE RD. HOLLYWOOD, FL 33020																																																																						
2. Principal Place of Business		3. Mailing Address																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																							
City & State		City & State																																																																							
- Zip -		Country		- Zip -																																																																					
6. Name and Address of Current Registered Agent  <del>LLAMAS, JAVIER J 527 NORTH 26TH AVE. HOLLYWOOD, FL 33020</del>				7. Name and Address of New Registered Agent Name <u>Armando Del Castillo</u> Street Address (P.O. Box Number is Not Acceptable) <u>15044 SW 19 St</u> City <u>Miramar</u> FL <u>33027</u>																																																																					
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 <u>Armando Del Castillo</u> DATE <u>2/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PS            NAME LLAMAS, JAVIER J            STREET ADDRESS 527 NORTH 26TH AVE.            CITY-ST-ZIP HOLLYWOOD, FL 33020         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>			TITLE PS NAME LLAMAS, JAVIER J STREET ADDRESS 527 NORTH 26TH AVE. CITY-ST-ZIP HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PS            NAME Armando Del Castillo            STREET ADDRESS 15044 SW 19 St            CITY-ST-ZIP Miramar FL 33027         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE VPT</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME Franz Murillo</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS 455 NE 25 St Apt 502</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP Miami FL 33137</td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>			TITLE PS NAME Armando Del Castillo STREET ADDRESS 15044 SW 19 St CITY-ST-ZIP Miramar FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Franz Murillo		STREET ADDRESS 455 NE 25 St Apt 502		CITY-ST-ZIP Miami FL 33137		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u>Franz Murillo</u> DATE <u>2/15/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																									