


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 007 ***150.00

DOCUMENT # P05000044789 1. Entity Name COLORADO FRAMING, INC.			
Principal Place of Business 12163 WALTER STONE CT - APT 908 ORLANDO, FL 32825 US		Mailing Address 12163 WALTER STONE CT - APT 908 ORLANDO, FL 32825 US	
2. Principal Place of Business - No P.O. Box # 601 Casternon Circle Suite, Apt. #, etc.		3. Mailing Address 601 Casternon Circle Suite, Apt. #, etc.	
City & State Davenport FL Zip 33897 Country		City & State Davenport FL Zip 33897 Country	
4. FEI Number 20-2629998		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 ARANGO, MARIELA 12163 WALTER STONE CT - APT 908 ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Arango Mariela Street Address (P.O. Box Number is Not Acceptable) 601 Casternon Circle City Davenport FL Zip Code 33897	
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>Mariela Arango</u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARANGO, LEONARDO 12163 WALTER STONE CT - APT 908 ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leonardo Colorado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Casternon Circle Davenport FL 33897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Leonardo Colorado</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/30/07</u> Daytime Phone # <u>321-460-8177</u>	