

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 001 ***150.00

DOCUMENT # P05000068308					
1. Entity Name COLORS CARRIERS, INC.					
Principal Place of Business PO BOX 5027 HIALEAH, FL 33014			Mailing Address 25594 SW 122ND PL MIAMI, FL 33032		
2. Principal Place of Business - No P.O. Box # 8241 S.W. 107 AVE		3. Mailing Address 8241 S.W. 107 AVE			
Suite, Apt. #, etc. D		Suite, Apt. #, etc. D			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 37-1509745	
Zip 33173		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NANEZ, MILTON 25594 SW 122ND PL MIAMI, FL 33032			7. Name and Address of New Registered Agent Name: <u>NANEZ, MILTON</u> Street Address (P.O. Box Number is Not Acceptable): <u>8241 S.W. 107 AVE (D)</u> City: <u>MIAMI</u> FL Zip Code: <u>33173</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>[Signature]</u> DATE: <u>2/1/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANEZ, MILTON 25594 SW 122ND PL. MIAMI, FL 33032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CESAR NANEZ 8241 S.W. 107 AVE (D) MIAMI FL 33173	<input type="checkbox"/> Change <input checked="" 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
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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 are empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>2/1/08</u> Daytime Phone #: <u>786-355-7018</u>		