

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90165 037 \*\*\*150.00

**DOCUMENT # P05000068645**

1. Entity Name  
**PARASOLES DE COLOMBIA, INC.**



Principal Place of Business  
**1290 WESTON RD SUITE 306-K6  
WESTON, FL 33326**

Mailing Address  
**1290 WESTON RD SUITE 306-K6  
WESTON, FL 33326**

40069038



2. Principal Place of Business  
**22204 BOCA RANCHO DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**298**

Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State  
**BOCA RATON FL**

City & State

4. FEI Number  
**20-2827114**

Applied For  
Not Applicable

Zip  
**33428**

Country  
**U. S. A**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GBS CONSULTANTS  
1290 WESTON RD SUITE 306  
WESTON, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **Jose Eildardo Echeverry**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ECHEVERRY, JOSE G  
STREET ADDRESS 1290 WESTON RD SUITE 306-K6  
CITY-ST-ZIP WESTON, FL 33326 ☒ Delete

TITLE PD  
NAME ECHEVERRY, JOSE G  
STREET ADDRESS 22204 BOCA RANCHO DR. 298  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VSD  
NAME SAENZ, LUZ M  
STREET ADDRESS 1290 WESTON RD SUITE 306-K6  
CITY-ST-ZIP WESTON, FL 33326 ☒ Delete

TITLE VSD  
NAME SAENZ, LUZ M  
STREET ADDRESS 22204 BOCA RANCHO DR SUITE 298  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T  
NAME MORERA, JORGE  
STREET ADDRESS 1290 WESTON RD SUITE 306-K6  
CITY-ST-ZIP WESTON, FL 33326 ☒ Delete

TITLE T  
NAME MORERA, JORGE  
STREET ADDRESS 22204 BOCA RANCHO DR SUITE 298  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Jose Eildardo Echeverry**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-27-06**

Date

Daytime Phone #