

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127567

FILED
Apr 29, 2006
Secretary of State

Entity Name: COLOMBIAN MARKETPLACE CORP.

Current Principal Place of Business:

5454 HOFFNER RD
101
ORLANDO, FL 32812

New Principal Place of Business:

PO BOX 452906
KISSIMMEE, FL 34745

Current Mailing Address:

5454 HOFFNER RD
101
ORLANDO, FL 32812

New Mailing Address:

PO BOX 452906
KISSIMMEE, FL 34745

FEI Number: 20-3530974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARISTIZABAL, GABRIEL J
5454 HOFFNER RD
101
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

ARISTIZABAL, GABRIEL J
PO BOX 452906
KISSIMMEE, FL 34745 US

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.

SIGNATURE:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARISTIZABAL, GABRIEL J
Address: 6357 CONROY RD, #2105
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: TREJOS, NICOLAS E
Address: 5454 HOFFNER RD, #101
City-St-Zip: ORLANDO, FL 32812

Title: SEC (X) Delete
Name: LOPEZ, YADIRA G
Address: 6357 CONROY RD, # 2105
City-St-Zip: ORLANDO, FL 32835

Title: TREA (X) Delete
Name: CELIS, CESAR A
Address: 5454 HOFFNER RD, #101
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Delete
Name: MULLER, MARTHA
Address: 12303 HOLLY JANE COURT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARISTIZABAL, GABRIEL J
Address: PO BOX 452906
City-St-Zip: KISSIMMEE, FL 34745

Title: VP (X) Change () Addition
Name: LOPEZ, YADIRA
Address: PO BOX 452906
City-St-Zip: KISSIMMEE, FL 34745

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL ARISTIZABAL

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date