

FILED
May 01, 2006 8:00 am
Secretary of State

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04282006 Chq-P CR2E034 (11/05)

4. FEI Number 59-382646	Applied For
	Not Applicable

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

DOCUMENT # P05000132416

1. Entity Name
COLAVITA CONSULTING, INC.



Principal Place of Business	Mailing Address
800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309	800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309

2. Principal Place of Business		3. Mailing Address	
800 W. CYPRESS CREEK RD.		800 W. CYPRESS CREEK RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 465		SUITE 465	
City & State		City & State	
FT. LAUDERDALE, FL		FT. LAUDERDALE, FL	
Zip	Country	Zip	Country
33309	USA	33309	USA

- C. Name and Address of Current Registered Agent LEGEL, LARRY 800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERLACCI, JOSEPH M. 14130 DUKE WAY ALVA, FL 33920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, T, S <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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

• Dal

Daytime Phone # _____