

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000003608

1. Entity Name
CORLIER CORP



FILED

07 OCT 22 PM 4:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6401 SW 62 TERRACE
S MIAMI, FL 33143

Mailing Address
6401 SW 62 TERRACE
S MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

091-1497919

REINSTATEMENT

091-1497919

4. FEI Number

61-1497919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORLIER, LILIANA
6401 SW 62 TERRACE
S MIAMI, FL 33143

7. Name and Address of New Registered Agent

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

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CORLIER, LILIAN
6401 SW 62 TERRACE
S MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KOLSON, JAMES
6401 SW 62 TERRACE
S MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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

Date

Daytime Phone #