

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013680

Entity Name: COLOMBO ONE MIA INC.

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

1500 SAN REMO AVE SUITE 248
CORAL GABLES, FL 33146

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134

Current Mailing Address:

1500 SAN REMO AVE SUITE 248
CORAL GABLES, FL 33146

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134

FEI Number: 20-4754783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARED AND ASSOC PA
1500 SAN REMO AVE SUITE 248
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHACON, JOSEFINA F
Address: 1500 SAN REMO AVE SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: COLOMBO, CLAUDIO
Address: 1500 SAN REMO AVE SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHACON, JOSEFINA F
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: COLOMBO, CLAUDIO
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

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: CLAUDIO COLOMBO

D

03/15/2007

Electronic Signature of Signing Officer or Director

Date