


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 015 ***150.00

DOCUMENT # P06000016832

1. Entity Name
 COLOR PROPERTIES INC.



Principal Place of Business Mailing Address

11750 NW 87 PLACE 11750 NW 87 PLACE
 BAY 14 & 15 BAY 14 & 15
 HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018

50000062



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-4475363 Not Applicable

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

6. Name and Address of Current Registered Agent

MENDEZ, RENALDO
 11750 NW 87 PLACE
 BAY 14 & 15
 HIALEAH GARDENS, FL 33018

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENDEZ, LORDILEN
STREET ADDRESS	11750 NW 87 PLACE - BAY 14 & 15
CITY - ST - ZIP	HIALEAH GARDENS, FL 33018
TITLE	SD
NAME	MENDEZ, RENALDO
STREET ADDRESS	11750 NW 87 PLACE - BAY 14 & 15
CITY - ST - ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 #