## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE \*\*\*

## Feb 19, 2007 8:00 am Secretary of State 02-19-2007 90043 015 \*\*\*150.00 DOCUMENT # P06000059256 COLOMBIAN BROTHERS CORP. 40019636 Principal Place of Business Mailing Address 9423 FOUNTAINEBLEAU BLVD #110 9423 FOUNTAINEBLEAU BLVD #110 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (12/06) 02062007 Applied For City & State 420-417 1955 City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARIAS, JUAN C 9423 FOUNTAINEBLEAU BLVD #110 MIAMI, FL 33172 University City 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) Signature, typed d agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete □ Change **Addition** TITLE TITLE DIEGO PINO CUELLAR, JORGE A NAME NAME 18531 NW 43 AVE 4070 SW 97 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIANI, FL 33055 CITY-ST-ZIP MIAMI, FL 33165 Change ☐ Addition TITLE Delete TITLE ARIAS, JUAN C NAME NAME 9423 FOUNTAINEBLEAU BLVD #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 TITLE ☐ Change Addition ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete IIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flustee 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 a address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #