2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091782

REY, NORMÀ C

MONTVERDE, FL 34756

16525 MAGNOLIA TERRACE BLVD

Name:

Address:

City-St-Zip:

Entity Name: COLIBRI WORLD NETWORKS INC

FILED Mar 27, 2009 Secretary of State

Littly Nai	ile. COLIBRI	WORLD NETWORKS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GNOLIA TERR RDE, FL 34756				
Current Mailing Address:			New Mailing Address:		
	GNOLIA TERR RDE, FL 34756				
FEI Number:	: 26-3533176	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
REY, GEORGE 16525 MAGNOLIA TERRACE BLVD MONTVERDE, FL 34756 US				REY, GEORGE E 16525 MAGNOLIA TERRACE BLVD MONTVERDE, FL 34756 US	
	named entity : e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: GEORGE E REY				03/27/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REY, GEORGE	LIA TERRACE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REY, SEBASTI	LIA TERRACE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REY, SHAULA	LIA TERRACE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TREA (. Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE E REY P 03/27/2009