


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90097 044 \*\*\*158.75

**DOCUMENT # P09440**

1. Entity Name  
**COLOMBINA CANDY COMPANY, INC.**



Principal Place of Business  
**7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126**

Mailing Address  
**7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**13-2575087**

Applied For  
 Not Applicable

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

01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ARAGON REGISTERED AGENT, INC.  
 255 ALHAMBRA CIRCLE, 500  
 CORAL GABLES, FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, MIGUEL	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, #711	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIL, CARLOS	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, #711	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DE SOTO, ALFREDO F	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, #711	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JURADO, CARLOS	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, #711	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOVAR, JACOBO	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, #711	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caicedo, Cesar	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mejia, Hernan Dario	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Soto, Alfredo F	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guerrero, Pedro	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caicedo, Juan Manuel	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caicedo, Belisario	
STREET ADDRESS	7300 Corporate Center Dr, #711	
CITY-ST-ZIP	Miami, FL 33126	

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:  **CARLOS GIL** Date: \_\_\_\_\_ Daytime Phone #: **786-265-1920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**  
40004219  
~~#P09440~~

Title: D **Addition**  
Name: Caicedo, Marco  
Street Address: 7300 Corporate Center Dr, #711  
City-ST- ZIP: Miami, FL 33126

Title: D **Addition**  
Name: Caicedo, Hernando  
Street Address: 7300 Corporate Center Dr, #711  
City-ST- ZIP: Miami, FL 33126

Title: D **Addition**  
Name: Gomez, Arturo  
Street Address: 7300 Corporate Center Dr, #711  
City-ST- ZIP: Miami, FL 33126

Title: D **Addition**  
Name: Tovar D, Jacobo  
Street Address: 7300 Corporate Center Dr, #711  
City-ST- ZIP: Miami, FL 33126