

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 005 ***150.00

DOCUMENT # P93000005987

1. Entity Name
COLORWORKS, INC.



Principal Place of Business
**7816 NW 121 WAY
PARKLAND, FL 33076 BW**

Mailing Address
**P OB OX 771118
CORAL SPRINGS, FL 33077**

50032546



2. Principal Place of Business
102 Tranquilla Drive
Suite, Apt. #, etc.

3. Mailing Address
1023 Tranquilla Drive
Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State
Palm Beach Gardens FL
Zip **33418** Country

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Palm Beach Gardens FL
Zip **33418** Country

4. FEI Number
65-0380533 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT A HENRY P.A.
8411 WEST OAKLAND PARK BLVD
SUITE 201
SUNRISE, FL 33351**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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** ☐ Delete
NAME **STERN, MARCIE**
STREET ADDRESS **10163 VESTAL COURT**
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **102 Tranquilla Drive**
CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marcie Stern, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date Daytime Phone #