## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr. 27, 2006 08:00 AN Secretary of State DOCUMENT # P93000056506 COLÂNGELO ENTERPRISES, INC. Principal Place of Business Mailing Address 2721 SCOTT STREET 2721 SCOTT STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 CR2E034 (11/05) 04192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0425796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLANGELO, RICKEY T DO NOT WRITE 2721 SCOTT STREET HOLLYWOOD, FL 33020 IN THIS SPACE 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 | 1 am familiar with, and accept the obligations of registered agent SIGNATURE\_ Signature, typed or printed name of registered agent and lifte if explicable (NOTE: Registered Agent signature required when tenstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS THEE NAME COLANGELO, RICKEY T STREET ADDRESS 2721 SCOTT STREET U00000537605 CITY-ST-ZIP HOLLYWOOD, FL 33020 05/09/06-80022-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP THLE

12. I hereby certify that the information supplied with this filling 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: 🗠

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #