## **2004 FOR PROFIT CORPORATION**

## Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P95000093158** 04-30-2004 90223 034 \*\*\*150.00 COLÓR VENTURE CORPORATION Principal Place of Business Mailing Address 94074117 -1380 SW 8 STREET ---1380 SW 8 STREET POMPANO BEACH, FL 33069 -POMPANO BEACH, FL 33063 3. Mailing Address 2. Principal Place of Business 1498 NW 3Rd 498 NW 3m Suite, Apt. #, etc. Śuite, Apt. #, etc 04262004 Chg-P CR2E034 (10/03) Applied For City & State City & Stafe 4. FEI Number rentield 65-0661330 Not Applicable <u>Deen Fie</u> \$8.75 Additional 5. Certificate of Status Desired 442 3 45A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAFT, PATRICK Street Address (P.O. Box Number is Not Acceptable) 2832 NE 26TH ST FT LAUDERDALE, FL 33305 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD Change Addition **PSTD** ☐ Detete TITLE TITLE Hershtowitz, Paul HERSHKOWITZ, PAUL NAME NAME 1498 gw 3nd street 1380 SW 8 STREET STREET ADDRESS STREET ADDRESS 33442 Beach FC CITY-ST-ZIP POMPANO BEACH, FL. 33063 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete **TITLE** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 attachmost with an address, with all other like empowered. 954-782-3600 SIGNATURE:

CER OR DIRECTOR

**FILED**