## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9600000050 (0)
1. Corporation Name

COLONNA PROPERTIES, INC.

2930 N.W. 17TH TERRACE FT. LAUDERDALE FL 33311	2930 N.W. 17TH TERRACE FT. LAUDERDALE FL 33311
Principal Place of Business	Mailing Address

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						3. Date incorporated or Qualified 12/29/1995	3a. Date of La	or report
2. Principal Plac	ce of Business	2a. Maring Addi	lress		·	A CCI Number		Applied For
1		26				65 066 480	) 7	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	#, etc			5. Certificate of Status Desired	\$8	.75 Additional see Required
City & State		City & State	)			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
<b>3</b>   Ζρ	Country	Z(g)		Country		8. This corporation has liability for	intangible tax und	ers 199.032,
4	25	29	30			Florida Statutes	s 🗌 No	
<u></u>	9. Name and Address of Cu					10. Name and Address of New	Registered Agen	t
	•			81	Name			
COLONNA, JAY , 82 Stre					Street Ad	Idress (P.O. Box Number is Not Accepta	ble)	
	. 17TH TERRACE							
FT. LAUD	ERDALE FL 33311			83				
				64	City		FL 85	Zip Code
or registere familiar with	ed agent, or both, in the State of h, and accept the obligations of Standare types or protect name of registers.	Hond F Such changs was Section 607.0505. Florida	s anthonzed by t a Statutes	the cerp	OF AUDIT S DE	oration submits this statement for the popul of directors. Thereby accept the ap	pointment as regis	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
<del></del>		DE					[] Ch	ange
TITLE		(   DC	ելիկե 🏢	1 1 TIT, F				ang. Linda non
TITLE	Passdut			1 1 TIT, F 1 2 NAMÉ				ango 🗀 Mas Non
NAME	JAY Colompa				ADDRESS		[] (vi	ang
NAME STREET ADDRESS	Joy Colomor 8387 Sawpink			1 2 NAMÉ 1 3 STREFI				
NAME STREET ADDRESS CITY ST-ZIF	Jey Colomba 8387 Sawgink Delyay Becc			1 2 NAMÉ				
NAME STREET ADDRESS CITY ST-ZIP TITLE	Jey Colomb 8387 Sawpink Delyout Beac		<b>46.</b> Elfle	1 2 NAMÉ 1 3 STREF 1 4 G/TY - 3				
NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	Jey Colompa 8387 Sawpink Delyon Bece		<b>46.</b> Elf1E	1.2 NAMÉ 1.3 STREF 1.4 C/TY - 5 2. 1 IC/LE	a ze			
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NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Joy Colomor 8387 Sawpink Dellyout Dece	ROOD. Eh, FL 2246	<b>46.</b> ELFTE	1 2 NAME 1 3 STREET 1 4 C/TY-5 2 1 TITLE 2 2 NAME 2 3 STREET 2 4 C/FY-1 3 1 TITLE 3 2 NAME	J. ZP Taduress St-zie		Ch	angé 🔲 Addition
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14. Loo hereby certify that the information supplied with this filing is vocuntarily furnished and close not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. If further certify that the information indicated on this annual report or supplements; annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, that I am an officer or director of the corporation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/12 9

954-484-6225