2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2004 08:00 AM **DOCUMENT # P96000058028 Secretary of State** t. Entity Name COLLADO INC. Principal Place of Business Mailing Address 317 CAMERON DRIVE 317 CAMERON DRIVE WESTON, FL 33326 WESTON, FL 33326 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0734730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 5. Name and Address of Current Registered Agent COLLADO, ED A DO NOT WRITE 317 CAMERON DRIVE WESTON, FL 33326 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 | I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 18. TITLE MARIE COLLADO, ED A STREET ADDRESS 317 CAMERON DRIVE WESTON, FL 33326 COY-ST-78 TITLE U00000006326 NAME STREET ADDRESS 01/16/04-80032-002 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE SZERCOA TEERTZ CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP गπε NAME STREET ADDRESS CITY-53-28P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

OO A. COLLAGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED