


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90022 005 \*\*\*158.75

<b>DOCUMENT # P97000018833</b>			
1. Entity Name <b>COLLADO SUPERMARKET CORPORATION</b>			
Principal Place of Business <b>4805 NW 167TH ST MIAMI FL 33055-4243</b>		Mailing Address <b>4805 NW 167TH ST MIAMI FL 33055-4243</b>	
2. Principal Place of Business <b>4675 N.W. 199th</b> Suite, Apt. #, etc.		3. Mailing Address <b>4675 N.W. 199th</b> Suite, Apt. #, etc.	
City & State <b>Miami Gardens, FL</b>		City & State <b>Miami Gardens, FL</b>	
Zip <b>33055</b>	Country <b>USA</b>	Zip <b>33055</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>COLLADO, JOSE 6275 NW 199 TERR MIAMI FL 33015</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Jose V Collado</i></u> DATE <u><i>2/16/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLADO, JOSE 6275 NW 199 TERR MIAMI FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Jose V Collado* *2/16/06* *(305) 625-0358*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #