

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000070416

1. Entry Name
COLINA AND SON CORPORATION



Principal Place of Business

**2990 NW 22 ST
MIAMI, FL 33142**

Mailing Address

**1701 NW 19TH AVE.
MIAMI, FL 33125**

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0773415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLINA, ENRIQUE
2990 N.W 22ND ST
L
MIAMI, FL 33142**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLINA, ENRIQUE
STREET ADDRESS	1701 NW 19TH AVE.
CITY, ST, ZIP	MIAMI, FL 33125
TITLE	V
NAME	COLINA, JOSE E
STREET ADDRESS	1701 NW 19TH AVE.
CITY, ST, ZIP	MIAMI, FL 33125
TITLE	S
NAME	COLINA, NORMA
STREET ADDRESS	1701 NW 19TH AVE.
CITY, ST, ZIP	MIAMI, FL 33125
TITLE	T
NAME	COLINA, ISABEL
STREET ADDRESS	1701 NW 19TH AVE.
CITY, ST, ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Enrique Colina 04/20/05 / (205) 649-7125