

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000090639

1. Entity Name
COLORO FINANCIAL SERVICES, INC.



FILED

06 OCT 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9737 NW 41ST ST
STE 499
MIAMI, FL 33178

Mailing Address

P O BOX 667633
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

9737 NW 41 ST
499

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33178

U.S.

08212006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0875011

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, ANA MARIA
9737 NW 41ST ST.
#499
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

TRACY Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

9737 NW 41 ST # 499

City

Miami

FL

Zip Code

33178

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

Tracy Gonzalez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/19/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ~~MENDOZA, ANA MARIA~~ ☒ Delete
STREET ADDRESS 9737 NW 41 ST #499
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME TRACY Gonzalez
STREET ADDRESS 9737 NW 41 ST #499
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500081153595
CITY-ST-ZIP 10/24/06--01041--017 **70.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Tracy Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #