


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # P98000090639                           |  |  |
| 1. Entity Name<br>COLORO FINANCIAL SERVICES, INC. |  |   |

FILED  
07 APR 30 PM 3:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>9737 NW 41ST ST<br>STE 499<br>MIAMI, FL 33178 | Mailing Address<br>9737 NW 41ST ST<br>STE 499<br>MIAMI, FL 33178 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



04242007 Chg-P CR2E034 (12/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br>65-0875011  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>GONZALEZ, TRACY<br>9737 NW 41ST ST<br>STE 499<br>MIAMI, FL 33178 |  | 7. Name and Address of New Registered Agent<br>Name Santos, Eduardo<br>Street Address (P.O. Box Number is Not Acceptable)<br>9737 NW 41 ST STE 499<br>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 Eduardo Santos DATE 4/24/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                       |  |
|-----------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GONZALEZ, TRACY<br>9737 NW 41 ST #499<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Eduardo Santos<br>9737 NW 41 ST # 499<br>Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700103132557<br>05/24/07--01013--007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Eduardo Santos DATE 4/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR