2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9900003935

1. Entity Name

COLONIAL ARCHITECTURAL DESIGNS, INC.



FILED Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8468 S.W. 113TH PLACE MIAMI, FL 33173 8468 S.W. 113TH PLACE MIAMI, FL 33173



01242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0887478

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TANYA, ARLENE 8468 S.W. 113TH PLACE MIAMI, FL 33173

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 The above the obligat 	named entity submits this statement for the pations of registered agent.	urpose of changing its registered of	fice or n	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE, Registered Ager	nt signature	roquired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	' _□	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS }			<u> </u>
Title Name Street address City-St-Zip	D SOL, ARLENE TANYA 8468 S.W. 113TH PLACE MIAMI, FL 33173				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D MORON, NORMANDO 8468 S.W. 113TH PLACE MIAMI, FL 33173				1100000413286 02/10/06-80082-008 150.00
ITLE VAME STREET ADDRESS CHY-ST-ZIP	D SOL, EUGENIO BIDASOA 16 MADRID, SPAIN,				NOT WRITE
TITLE JAME				IN T	THIS SPACE

12. I hereby certify that the information subplied 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 supplied enter 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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADORESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/24/06

305-211-034=