2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business -

P99000023302

Mailing Address

1. Entity Name COLORGY, INC.



FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90102 004 ***150.00

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Suite, Apr. #, etc. City & State Current Suite, Apr. #, etc. Check HeRE if MAKING CHANGES	899 CAPTIVA I HOLLYWOOD US				899 CAPTIVA DRIVE HOLLYWOOD FL 33019 US									
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2/p Country	City & State City & State				& State	te			65-1404185					
Series Address of Current Registered Agent FAITHFULL, CLAIRE 899 CAPTIVA DRIVE HOLLYWOOD FL 33019 City FL Zip Code In this 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 arm familiar with, and accept into obligations of registered agent. FILE NOW!! FEE IS \$150.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Zip		Country~	Zip	Zip			5.				ditional		
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See CAPTIVA DRIVE HOLLWOOD FL 33019 City FL Zip Code				-			Name							
See CAPTIVA DRIVE HOLLWOOD FL 33019 City FL Zip Code	FAITHFULI	CLAIRE)							
La The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of the pl			Section of the Control of the Contro				Street Ad	dress (P.O. E	Box Number is Not Acceptable)				
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	CITY-ST-ZIP					CITY	-ST-ZIP							
	12. Thereby c	ertify that the	e information suppl	ied with this filina	does not qualify fo	r the exe	mption state	d in Section	119.07(3)(i), Florida Statutes.	further certif	v that the i	nformation		

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: _C