


FROM :

FAX NO. : 4078314407

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90179 001 \*\*\*600.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P99000098846</b> 1. Entity Name AMERICAN & AFRICAN COLOURS, INC.			
Principal Place of Business 1649 ACME STREET ORLANDO, FL 32805		Mailing Address 1649 ACME STREET ORLANDO, FL 32805	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  MUNIR, SAJID 13732 RIDGE TOP RD ORLANDO, FL 32837		<b>DO NOT WRITE          IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be          Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MUNIR, SAJID 13732 RIDGETOP RD ORLANDO, FL 32837		
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12. 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66016178



05022005 No Chg-P CR2E034 (10/03)

4. PEI Number 59-3604587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE  
 IN THIS SPACE**

May 1-05 407-540-1255