

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90031 039 ***150.00

DOCUMENT # V67183

1. Entity Name
COLTRAIN CONSTRUCTION COMPANY



Principal Place of Business
**441 NE 53RD STREET
MIAMI, FL 33137**

Mailing Address
**P.O BOX 190701
MIAMI BEACH, FL 33139**

2. Principal Place of Business

535 SOUTHWEST 8th STREET

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI, FLORIDA

Zip

33130

Country

U.S.A.

3. Mailing Address

535 SOUTHWEST 8th STREET

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI, FLORIDA

Zip

33130

Country

U.S.A.

03222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0376472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORWITZ, WAYN CPA
3511 WEST COMMERCIAL BOULEVARD
SUITE 402
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
HORWITZ, WAYNE CPA

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PSTD COLTRAIN, MARK A.
STREET ADDRESS
441 N.E. 53RD STREET
CITY-ST-ZIP
MIAMI, FL 33137

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-04

305-970-2972