


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90097 044 ***158.75

DOCUMENT # P09440
 1. Entity Name
COLOMBINA CANDY COMPANY, INC.



Principal Place of Business
7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126

Mailing Address
7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
13-2575087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**ARAGON REGISTERED AGENT, INC.
 255 ALHAMBRA CIRCLE, 500
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 STREET ADDRESS CITY-ST-ZIP	P MEJIA, MIGUEL <input checked="" type="checkbox"/> Delete 7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIL, CARLOS <input type="checkbox"/> Delete 7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DE SOTO, ALFREDO F <input type="checkbox"/> Delete 7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JURADO, CARLOS <input type="checkbox"/> Delete 7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOVAR, JACOBO <input type="checkbox"/> Delete 7300 CORPORATE CENTER DRIVE, #711 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Caicedo, Cesar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mejia, Hernan Dario <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T De Soto, Alfredo I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Guerrero, Pedro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caicedo, Juan Manuel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caicedo, Belisario <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 Corporate Center Dr, #711 Miami, FL 33126

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: CARLOS GIL **786-265-1920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

