


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90106 036 ***150.00

DOCUMENT # G58865	
1. Entity Name PELICAN REEF, INC.	

Principal Place of Business 4900 NW 167TH ST HIALEAH, FL 33014 US	Mailing Address 4900 NW 167TH ST HIALEAH, FL 33014 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2360204	Applied For Not Applicable
Zip	Country	Zip	Country



01122006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CALZADILLA, ANGEL 4900 NW 167 ST MIAMI, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALZADILLA, ANGEL			NAME			
STREET ADDRESS	4900 NW 167 ST			STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33014			CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	SR. EXEC V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALZADILLA, KAREN L.			NAME			
STREET ADDRESS	4900 NW 167 ST			STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33014			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	V.P. SALES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHADWICK, MAYLEEN			NAME			
STREET ADDRESS	4900 NW 167 ST			STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33014			CITY - ST - ZIP			
TITLE	VPO	<input type="checkbox"/> Delete		TITLE	EXEC V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALZADILLA, ALLEN			NAME			
STREET ADDRESS	4900 NW 167 ST			STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33014			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-13-06 Daytime Phone # _____