

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58865

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: PELICAN REEF, INC.

**Current Principal Place of Business:**

4900 NW 167TH ST  
MIAMI, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 NW 167TH ST  
MIAMI, FL 33014 US

**New Mailing Address:**

FEI Number: 59-2360204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALZADILLA, ANGEL  
4900 NW 167 ST  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CALZADILLA, ANGEL,  
Address: 4900 NW 167 ST  
City-St-Zip: MIAMI, FL 33014

Title: SEVP ( ) Delete  
Name: CALZADILLA, KAREN L.,  
Address: 4900 NW 167 ST  
City-St-Zip: MIAMI, FL 33014

Title: VPS ( ) Delete  
Name: CHADWICK, MAYLEEN  
Address: 4900 NW 167 ST  
City-St-Zip: MIAMI, FL 33014

Title: EVP ( ) Delete  
Name: CALZADILLA, ALLEN  
Address: 4900 NW 167 ST  
City-St-Zip: MIAMI, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CALZADILLA, JUDITH  
Address: 4900 NW 167 ST  
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L CALZADILLA

SEVP

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date