



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90022 010 \*\*\*150.00

<b>DOCUMENT # H02580</b>			
1. Entity Name KALOTI INTERNATIONAL CORP.			
Principal Place of Business 1460 NW 82ND AVENUE MIAMI, FL 33126		Mailing Address 1460 NW 82ND AVENUE MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 9500 S. Dadeland Blvd.		3. Mailing Address 9500 S. Dadeland Blvd.	
Suite, Apt. #, etc. 602		Suite, Apt. #, etc. 602	
City & State Miami, FL		City & State Miami, FL	
Zip 33156		Zip 33156	
Country US		Country US	
4. FEI Number 59-2407400		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALOTI, AWNI K 8755 SW 96TH ST. MIAMI, FL 33176		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 _____ (NOTE: Registered Agent signature required when remaining)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALOTI, AWNI K. 8755 S.W. 96 ST. MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4/23/08 305-477-4900	
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	