



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K23119 1. Entity Name CALIFAR ENTERPRISES, INC.	
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Principal Place of Business % VALERIE E. CALIFAR 20/21 LAKEVIEW AVE CHULUOTA, FL 32766	Mailing Address % VALERIE E. CALIFAR 20/21 LAKEVIEW AVE CHULUOTA, FL 32766
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DO NOT WRITE IN THIS SPACE


01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2890797	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 CALIFAR, VALERIE E. 20/21 LAKEVIEW AVE CHULUOTA, FL 32766	DO NOT WRITE IN THIS SPACE
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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: Valerie E. Califar VALERIE E. CALIFAR 4-5-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105868 04/07/04-80042-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALIFAR, VALERIE E. 20/21 LAKEVIEW AVE CHULUOTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Valerie E. Califar VALERIE E. CALIFAR 4-5-2004 407-365-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #