

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2008  
Secretary of State**

DOCUMENT# N07000001624

Entity Name: CALI SI ES CHEVERE CORP

**Current Principal Place of Business:**

711 SE 12 TERR  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

711 SE 12 TERR  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ZOTA, ANDRES SR  
711 SE 12 TERR  
HOMESTEAD, FL 33030 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZOTA, ANDRES SR  
Address: 711 SE 12 TERR  
City-St-Zip: HOMESTEAD, FL 33030 U

Title: VP ( ) Delete  
Name: ZOTA, LISSETTE  
Address: 711 SE 12 TERR  
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC ( ) Delete  
Name: SOTA, JORGE SR  
Address: 5860 NW 186 ST  
City-St-Zip: MIAMI, FL 33015

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: SEC ( ) Change (X) Addition  
Name: LOPEZ, MARTHA C  
Address: 5860 NW 186 ST  
City-St-Zip: MIAMI, FL 33015

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES ZOTA

SR

01/31/2008

Electronic Signature of Signing Officer or Director

Date