2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013888

Entity Name: CALIPER DESIGN INC.

FILED Apr 27, 2005 Secretary of State

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Current Pi	rincipal Place of Business:	New Princ	New Principal Place of Business:	
1290 EAST OAKLAND PARK BLVD., #102 FORT LAUDERDALE, FL 33334			DCOTA 1855 GRIFFIN RD., SUITE B481 DANIA BEACH, FL 33334	
Current Mailing Address:		New Maili	New Mailing Address:	
1290 EAST OAKLAND PARK BLVD., #102 FORT LAUDERDALE, FL 33334			2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	
FEI Number:	FEI Number Applied For() FEI N	Number Not Appl	mber Not Applicable (X) Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
660 EAST	S FILINGS INCORPORATED JEFFERSON STREET SSEE, FL 32301 US			
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent Date			Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete CARDENAS, ANDRES 2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	Title: Name: Address: City-St-Zip:	P (X) Change () Addition CARDENAS, ANDRES 2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	
Title: Name: Address: City-St-Zip:	D () Delete ZWICKER, IRIS 2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	Title: Name: Address: City-St-Zip:	V (X) Change () Addition CARDENAS, ANDRES 2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	
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Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ZWICKER, IRIS 2040 NE 199 STREET NORTH MIAMI BEACH, FL 33179	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRES CARDENAS PRE 04/27/2005