2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 16, 2004 8:00 am Secretary of State **DOCUMENT # P02000021579** 07-16-2004 90009 006 ***158.75 CALLUENG HOLDING COMPANY, INC. Mailing Address Principal Place of Business 707-S.E.-1ST-COURT COIMODEA 707-S.E-1ST-COURT CRYSTAL-RIVER, FL-34420 CRYSTAL-RIVER, FL-34420 2.902 Beskirbod dr. Revide Hills. Fl. 344.58 Mailing Address 1962 Beam Wood Principal Place of Business 962 Beam 2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Dever 4 04-3627757 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2962 Beam WOOD Dr. CALLUENG, JOSE M.D. 707 S.E. 1ST COURT CRYSTAL RIVER, FL 34420 uthrits 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 8. The above named entity the obligations of register SIGNATURE (NOTE: Registered Agent signature required when reinstating) red agent and title it applicable. FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE Calluary, Jose M.D. 2962 Beamwood Gr Boverly Hills FL342 CALLUENG, JOSE M.D. NAME NAME 707 S.E. 1ST COURT STREET ADDRESS STREET ADDRESS CRYSTAL RIVER, FL 34420 CITY_ST_7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete Callueng Zinnia MD 1962 Beamwood Dr CALLUENG, ZINNIA NAME NAME STREET ADDRESS 707 S.E. 1ST COURT STREET ADDRESS CITY-ST-ZIP Beverly Hills, FL CRYSTAL RIVER, FL 34420 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP nation 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 applemental 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver changed, or on an attachment with ddress, with all other like empowered. SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR