## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 16, 2004 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-ST-ZIP  TITLE VD NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP	DOCUMENT # 394667  1. Entity Name CALTAX, INC.								04-16-200	4 90117	042 ***1.	58.75
Solve, Apt. #, etc.    Solve, Apt. #, etc.   Solve, Apt. #, etc.   Oli 142004   Chg. P   CR2E034 (10/03)	2515 S.W. 8	TH STREET	2515 S.W	2515 S.W. 8TH STREET			_					
Solve, Apt. #, etc.    Solve, Apt. #, etc.   Solve, Apt. #, etc.   Oli 142004   Chg. P   CR2E034 (10/03)	2. Principal P	lace of Busine	3. Mailing A	3 Mailing Address								
City & State  Ci			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or Maining Address			\$ 180(88 (M)		J 86811 E1861 B	TANK BIRIN BIBIN BLAI	IITA) (I IBRI
Sp. 1378364   Not Applicable   Note   Sp. 1378364   Note   Note   Sp. 1378364   Note   N	Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			04142004	Chg-P	CR2E	034 (10/03)	
Sea 15 Additional Sea 16 Additional Sea 15 Addit	City & State	е	City & State			I			<del> </del>			
PRETE, RICHARD 2515 S.W. 8TH STREET   Satisface of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.   Tam familiar with, and accept the obligations of registered agent.	Zip Country			Zip	Zip Cauntry					X	\$8.75 Add	ditional
PRETE, RICHARD 2515 S.W. 8TH STREET MIAMI, FL 33135    City   FL   Zip Code		6. Name	and Address of Curren	t Registered Ag	Registered Agent			7. Name and	d Address of New R	legistered	· · · · · · · · · · · · · · · · · · ·	
Street Address (P.O. Box Number is Not Acceptable)	PRETE DICHARD						Name					
E. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, speed or offered name of registered agent and life if applicable.   (NOTE Registered Agent synature incurred aren remaiting)   DATE	2515 S.W.	8TH STRE	EET		Street Address			(P.O. Box Numb	per is Not Acceptable	e)		
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Signature, based or printed representation agent and their applicable.   (NOTE: Registered Agent synaure insulated when receivering)   DATE		00100										
TILE NOW; IF FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  ID. OFFICERS AND DIRECTORS  ITILE NOW; IF FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  ITILE NAME NAME STREET ADDRESS CITY-ST-2P PEMBROKE PINES, FL ITILE VD PRETE, RICHARD C. SIREET ADDRESS CITY-ST-2P COPRICE PAUL J PRETE, PAUL J PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE VD PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE VD PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE NAME VD PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE VD PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE VD PRETE, PAUL J SIREET ADDRESS CITY-ST-2P ITILE NAME NAME SIREET ADDRESS CITY-ST-2P ITILE NAME NAME SIREET ADDRESS CITY-ST-2P ITILE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRE							City			F	Zip Cod	e
Signature, typed or primed name of registered agent and life il applicable. (INC) IE: Registered Agent signature required within revisitary)   DATE	the obligations of registered agent.											
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    ITILE   VD   PRETE, CHARLES A, JR   MAME	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STP  NAME  PRETE, CHARLES A, JR  11370 NW 23RD STREET  CITY-ST-ZIP  TITLE  STP  PEMBROKE PINES, FL  TITLE  STP  PRETE, RICHARD C.  SIREET ADDRESS  CITY-ST-ZIP  NAME  PRETE, RICHARD C.  SIREET ADDRESS  CITY-ST-ZIP  CORAL GABLES, FL  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET	FILE NOWILL FEE IS \$ 130.00											
NAME SIREET ADDRESS CITY-ST-ZIP PRETE, CHARLES A, JR SIREET ADDRESS CITY-ST-ZIP TITLE STP PRETE, RICHARD C. SIREET ADDRESS CITY-ST-ZIP TITLE VD PRETE, RICHARD C. SIREET ADDRESS CITY-ST-ZIP TITLE VD PRETE, PAUL J SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP		\ <u>\</u>	OFFICERS AND	DIRECTORS	<b>-</b>	_		ADDITIONS	/CHANGES TO OFF	ICERS AN		
TITLE STP Delete TITLE NAME PRETE, RICHARD C. A301 SEGOVIA ST CITY-ST-ZIP CORAL GABLES, FL TITLE VD PRETE, PAUL J STREET ADDRESS CITY-ST-ZIP TITLE VD PRETE, PAUL J STREET ADDRESS CITY-ST-ZIP COPER CITY, FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP COPER CITY, FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP COPER CITY Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DE	NAME STREET ADDRESS	PRETE, CI 11370 NW	23RD STREET	,	Delete	NAM STRE	et address				∟ Change	☐ Addition
TITLE VD NAME PRETE, PAUL J STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	STP PRETE, RI 4301 SEG	ICHARD C. OVIA ST	me*	Delete	NAM STRE	EET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,—	☐ Change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	VD PRETE, PA 12245 CR	AUL J OTON WAY		Delete	TITL NAM STRE	E IE IET ADDRESS				☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  CHange Addition NAME SIREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS		/		□ Delete	NAM STRE	E SET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				□ Delete	NAM STRE	EET ADDRESS			÷	☐ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP			, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		NAM STRE CITY	EET ADDRESS - ST-ZIP		VA Flactic Co	16		Addition

Indicated on this report or supplied with this inling does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.