## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT #394667** 1. Entity Name CALTAX, INC. Principal Place of Business Mailing Address 2515 S.W. 8TH STREET 2515 S.W. 8TH STREET MIAMI, FL 33135 MIAMI, FL 33135 No Chg-P 04202005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1378364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRETE, RICHARD DO NOT WRITE 2515 S.W. 8TH STREET MIAMI, FL 33135 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRETE, RICHARD C. NAME STREET ADDRESS 4301 SEGOVIA ST CITY-ST-ZIP CORAL GABLES, FL U00000322098 04/21/05-80101-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-7iP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-50-05

305-642-32-72

**FILED**