

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90038 041 \*\*\*150.00

**DOCUMENT # F03000001633**

1. Entity Name  
**CALEXICO, INC.**



Principal Place of Business  
**190 SOUTH 3RD STREET  
IMMOKALEE, FL 34142**

Mailing Address  
**P.O. BOX 1909  
IMMOKALEE, FL 34143-1909**

**40020834**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number  
**88-0330303**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OSORNIO, SANTOS  
190 SOUTH 3RD STREET  
IMMOKALEE, FL 34142**

7. Name and Address of New Registered Agent

Name **Santos Osornio**

Street Address (P.O. Box Number is Not Acceptable)  
**190 South 3rd St**

**P.O. Box 1909**

City **Immokalee, FL** Zip Code **34143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-15-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **OSORNIO, SANTOS**  
STREET ADDRESS **190 SOUTH 3RD STREET**  
CITY - ST - ZIP **IMMOKALEE, FL 34142**

TITLE **CD** ☐ Delete  
NAME **OSORNIO, SANTOS**  
STREET ADDRESS **190 SOUTH 3RD STREET**  
CITY - ST - ZIP **IMMOKALEE, FL 34142**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-07**

Date

Daytime Phone #