

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000399

FILED
Jul 01, 2005
Secretary of State

Entity Name: CALA STRATEGIC SOLUTIONS, INC.

Current Principal Place of Business:

15774 NW 24 STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

15774 NW 24 STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 54-2074333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JORGE
20431 SW 1ST STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: LOPEZ, CARLOS
Address: 15774 NW 24 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VCS () Delete
Name: MARTHA PATRICIA LOPE, Z
Address: 15774 NW 24 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: LARGE, DAVE
Address: 13477 WILLIAMS STREET
City-St-Zip: THORNTON, CO 80241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS LOPEZ

CPT

07/01/2005

Electronic Signature of Signing Officer or Director

Date