

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000399

FILED
Apr 17, 2008
Secretary of State

Entity Name: CALA STRATEGIC SOLUTIONS, INC.

Current Principal Place of Business:

15685 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

15685 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

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:

CORREDOR, JULIO
20431 SW 1ST STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CORREDOR, JULIO
15774 NW 24 ST
PEMBROKE PINES, FL 33028 US

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:

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: LOPEZ, MARTHA P
Address: 15685 NW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VCS () Delete
Name: LOPEZ, CARLOS
Address: 15685 NW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: MARTHA P LOPEZ

CPT

04/17/2008

Electronic Signature of Signing Officer or Director

Date