## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F05000005362

Entity Name: CALBRO, INC.

FILED Oct 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2891 S.W. POND WAY 2190 SW PANTHER TRACE PALM CITY, FL 34990

STUART, FL 34997

**Current Mailing Address: New Mailing Address:** 

2891 S.W. POND WAY 2190 SW PANTHER TRACE

PALM CITY, FL 34990 STUART, FL 34997

FEI Number: 43-1820208 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BROWN, ALISTAIR BROWN, ALISTAIR 2891 S.W. POND WAY 2190 SW PANTHER TRACE PALM CITY, FL 34990 US STUART, FL 34997

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: ALISTAIR BROWN 10/02/2007

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST () Delete Title: (X) Change ( ) Addition BROWN, ALISTAIR BROWN, ALISTAIR Name: Name:

2891 S.W. POND WAY 2190 SW PANTHER TRACE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34997

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

Name: BROWN, CYNTHIA Name: BROWN, CYNTHIA 2891 S.W. POND WAY Address: 2190 SW PANTHER TRACE Address: PALM CITY, FL 34990 STUART, FL 34997 City-St-Zip: 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: ALISTAIR BROWN **PRES** 10/02/2007