2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007733

City-St-Zip:

JACKSONVILLE BEACH, FL 32250

Entity Name: CALDEIRA ENTERPRISES INC

FILED Mar 02, 2009 Secretary of State

| =y | | OVERVIEW MOLO IIVO. | | | | | |
|---|--|--|---|---|------------------------------|----------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 1111 BRICI MIAMI, FL | KELL AVE, 1 33131 | 1TH FLOOR | | 1111 BRICKELL AVE, SUITE 1100 MIAMI, FL 33131 | | | |
| Current Ma | ailing Addre | ss: | New Mail | New Mailing Address: | | | |
| 1111 BRICI MIAMI, FL | KELL AVE, 1 33131 | 1TH FLOOR | 148 | 3948 3RD ST SOUTH 148 JACKSONVILLE BEACH, FL 32250 | | | |
| FEI Number: | 20-0404157 | FEI Number Applied For () | FEI Number Not App | olicable () | Certificate of Status Desire | ed (X) | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| MITACEK, KATHRYN 1111 BRICKELL AVE, 11TH FLOOR MIAMI, FL 33131 US | | | | MITACEK, KATHRYN 3948 3RD STREET SOUTH 148 JACKSONVILLE BEACH, FL 32250 US | | | |
| The above in the State | | submits this statement for the p | urpose of changing | its registered o | ffice or registered agent, | or both, | |
| SIGNATURE: | | | | 03/02/2009 | | | |
| Electronic Signature of Registered Agent | | | | | Date | | |
| Election Cam | npaign Financir | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LEAL, ANTHO 3948 3RD STE |) Delete NY C REET SOUTH #148 LE BEACH, FL 32250 | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | MITACEK, KA [*] 3948 3RD STF |) Delete THRYN REET SOUTH #148 LE BEACH, FL 32250 | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: | MITACEK, KA |) Delete ⊓HRYN REET SOUTH #148 | Title: Name: Address: | () | Change () Addition | | |

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.

City-St-Zip:

SIGNATURE: KATHRYN MITACEK VPST 03/02/2009