


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000254 1. Entity Name CAL COM INTERNATIONAL COMPANY	
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Principal Place of Business 201 ANSIN BLVD HALLANDALE, FL 33009	Mailing Address 901 NE 125 STREET #107 NORTH MIAMI, FL 33161 BR
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0143678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, NORMAN 901 NE 125 STREET, SUITE 107 NORTH MIAMI, FL 33161	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C I.M.M. MANAGEMENT LTD. BEATRICE BUTTERFLY BLDG. LEEWARD HWY TURKS & CAICOS ISLAND,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AINCORP LTD. BEATRICE BUTTERFLY BLDG. LEEWARD HWY TURKS & CAICOS ISLAND,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, NORMAN 901 NE 125 STREET, SUITE 107 NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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01/13/05-80041-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05
Date DayTime Phone #