


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000000254</b> 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
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0143678	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEVINE, NORMAN 901 NE 125 STREET, SUITE 107 NORTH MIAMI, FL 33161
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
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
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<p>U00000586961 01/17/07-80013-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **1/16/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #