

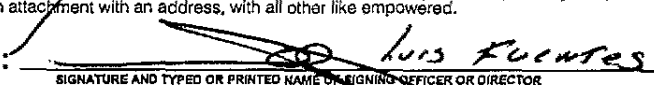


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # K70692 1. Entity Name CALOGERO, INC.							
Principal Place of Business 732 ARTHUR GODFREY MIAMI, FL 33140 US		Mailing Address 732 ARTHUR GODFREY MIAMI, FL 33140 US					
DO NOT WRITE IN THIS SPACE			 01052007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0161998</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0161998	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0161998	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 FUENTES, LUIS 101 BASS POINT RD MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
		<div style="border: 1px solid black; padding: 5px; display: inline-block;">000000616391 02/07/07-80026-019 150.00</div>					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	D						
NAME	FUENTES, LUIS O.						
STREET ADDRESS	101 BASS POINT RD						
CITY- ST- ZIP	MIAMI, FL 33166						
TITLE	D						
NAME	FUENTES, BENIGNO						
STREET ADDRESS	101 BASS POINT RD						
CITY- ST- ZIP	MIAMI, FL 33166						
TITLE							
NAME							
STREET ADDRESS							
CITY- ST- ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY- ST- ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY- ST- ZIP							
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11-30-07 / 305-536-4480 <small>Date Daytime Phone #</small>					