

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # K94118		
1. Entity Name FREDDY CALDERA M.D. INC		
Principal Place of Business % FREDDY CALDERA 480 MINOLA DRIVE MIAMI SPRINGS, FL 33166	Mailing Address % FREDDY CALDERA 480 MINOLA DRIVE MIAMI SPRINGS, FL 33166	
DO NOT WRITE IN THIS SPACE		



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0127333	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

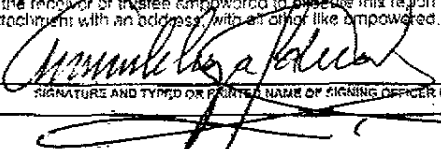
6. Name and Address of Current Registered Agent CALDERA, FREDDY 480 MINOLA DRIVE MIAMI SPRINGS, FL 33166	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE _____
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CALDERA, FREDDY 480 MINOLA DRIVE MIAMI SPRINGS, FL
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07/10/07-80030-007 150.00**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/07 305 887-3081

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