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Secretary of State

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000150

1. Entity Name
LAW OFFICE OF MAYRA L. CALO, PLC

Principal Place of Business	Mailing Address
122 SOUTH HOWARD AVENUE TAMPA, FL 33606	122 SOUTH HOWARD AVENUE TAMPA, FL 33606

03232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2529 W. Busch Blvd	2529 W-Busch Blvd
Suite, Apt. #, etc. #400	Suite, Apt. #, etc. 400
City & State Tampa, FL	City & State Tampa, FL
Zip 33618 Country Hillsborough	Zip 33618 Country Hillsborough

4. FEI Number 03-0491452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALO, MAYRA L
122 SOUTH HOWARD AVENUE
TAMPA, FL 33606

Same agent & New address

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2529 W. Busch Blvd #400

City Tampa FL Zip Code 33618

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 Mayra Calo DATE 3/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mayra Calo owner Law Office of Mayra Calo LLC 2529 W. Busch Blvd. Ste. 400 Tampa, FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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MGRM

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mayra Calo 3/23/04 8139151715

Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #