

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L88302

**Entity Name:** CALATCHI CAPITAL CORPORATION

**FILED**  
**Jan 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4116 W. PALM AIRE DRIVE  
SUITE 161B  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

4116 W PALM AIRE DRIVE  
SUITE 161B  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 65-0219236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALATCHI, RALPH F PRES  
4116 W. PALM AIRE DRIVE  
SUITE 161B  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CALATCHI, RALPH F PRES  
Address: 4116 W. PALM AIRE DRIVE, #161B  
City-St-Zip: POMPANO BEACH, FL 33069 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: CALATCHI, RALPH F PRES  
Address: 4116 W. PALM AIRE DRIVE, #161B  
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CALATCHI

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date