2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

	AIIIIOA	E IVEI OIVI			_ Secretary or State
DOCUMENT # P0000011763 1. Entity Name CALA, INC.					03-09-2006 90161 038 ***150.00
Principal Place	The NC. Ce of Business TH ST 165 W. 37TTH ST HIALEAH, FL 33012 Place of Business 3. Mailing Address 3. Mailing Address 4. etc. Suite, Apr. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent SEE 7TH ST FL 33012 Enamed entity submits this statement for the purpose of changing ations of registered agent Spalure, typgotic printed name of registered agent and title if applicable. (c) LE NOWIII FEE IS \$150.00 Trust Fund C OFFICERS AND DIRECTORS P CALA, JOSE 165 W. 37 STREET HIALEAH, FL 33012 SD CALA, GLADYS 165 W. 37 STREET HIALEAH, FL 33012 Delete Delete		-		7 30
		-			
165 W. 37TTH ST HIALEAH, FL 33012		HIALEAH, FL 33012			
) (ATRICATE DE ATRICATE DE LE ATRICATE DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE
2. Principal Place of Business		3. Mailing Address .		•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02082006 Chg-P CR2E034 (11/05)
City & State		City & State			4. FEI Number Applied For 65-0983360 Not Applicable
Zip	Country	Zip	Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered Agent
				Name (ladus Cala
CALA, JOS			-	Street Address	V 1
	37TH ST AH, FL 33012 Street Address (P.O. Box Namber is Not Acceptable)				
BIALEAD,	FE 33012			1656	375+
			ļ	~ 115	
				city tha	leah FL (333) 12
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 obligat	ions of registered agent	·1			
SIGNATURE Parlate. 3-6-06					
JIGHATONES	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered A	Agent algnature requir	ired when reinstaling) DATE
		9. Election Campa Trust Fund Cont		· - ·	5.00 May Be dded to Fees
10.	OFFICERS AN	D DIRECTORS	11.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	Delete	TITLE	Se	Cretary Change Addition
NAME	ſ		NAME	1.5	બ્રાંત Cala
STREET ADDRESS				ADDRESS ()	263747
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-S	ST-ZIP LTT	ialeon 1 33012
TITLE		☐ Delete	TITLE	PS	resident, Defiange Addition
NAME			NAME	ري ا	ladys Cala
STREET ADDRESS				ADDRESS [6	25,W,37 St
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-S	1-ZP	jalean Pl 33012
TITLE		☐ Delete	TITLE	<u> </u>	IXCE President Change Addition
NAME CYDEET ADDRESS			NAME		tephanie Cala 65 W 37.St
STREET ADDRESS -	·		CITY-S	ADDRESS (63.M 37.St Salean A 33012
				1-10	VE-1,
TITLE NAME		☐ Delete	TITLE NAME	l	☐ Change ☐ Addition
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP	·		CITY-S	i i	
TITLE		□ Doloto	TITLE		☐ Change ☐ Addilio
NAME		- Delete	NAME		
STREET ADDRESS			STREET	ADDRESS	•
CITY-ST-ZIP			CITY-S	ST-ZIP	
TITLE		☐ Delcte	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET	T ADDRESS	
CITY+ST-ZIP			CITY-S	ST-ZIP	
12. I hereby indicated of the column changed	certify that the information supplied will on this report or supplemental report operation or the receiver or trustee emporation or the receiver or trustee emporation or an attachment with an address	with this filling does not qualify for t is true and accurate and that apowered to execute this report s, with all other like empowered	or the exer my signatu as require	nptions contain ire shall have the ed by Chapter 6	ned in Chapter 119, Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

3-6-06

Daytime Phone #