

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P00000011763**

1. Entity Name  
**CALA, INC.**



Principal Place of Business

**165 W. 37TH ST  
HIALEAH, FL 33012**

Mailing Address

**165 W. 37TH ST  
HIALEAH, FL 33012**



03022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0983360**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CALA, GLADYS  
165 W. 37TH ST  
HIALEAH, FL 33012**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CALA, JOSE
STREET ADDRESS	165 W. 37 STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	P
NAME	CALA, GLADYS
STREET ADDRESS	165 W. 37 STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	CALA, STEPHANIE
STREET ADDRESS	165 W 37 ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80065-009 150.00

**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 all other like empowered.

SIGNATURE: *Isabel Cala Gcale Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-1-07

Date

✓ 305-525-5950

Daytime Phone #