## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P0000011763  1. Entity Name CALA, INC.								01-25-2008 9	_			
Principal Place of Business Mailing Address							70					
165 W. 37TTH ST 165 W. 37TTH ST												
HIALEAH, FL 33012 HIALEAH, FL 33012												
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address								BU BUU BUU BUU BUU BU				
Suite, Apt. #, etc. Suite, Apt. #, etc.							}					
Conc, run	. n, c.u.,		Ounc, riph: #, etc.				01112008	Chg-P	CR2E	034 (12/06)		
City & State City & State							4. FEI Number		******	Ar	oplied For	
							65-0983	360		No	t Applicable	
Zip		Country	Zip	Coun	itry		E Contilianto o	f Status Desired		\$8.75 Add	ditional	
						5. Certificate of Status Desire		Jaius Desileo	Fee Required			
	6. Name	and Address of Curr			7. Name and A	Address of New R	egistered	Agent				
CALAGO	TADAC (	Gladys			Name							
165 W. 37		= 100 hz			Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH, FL 33012												
			1.		City				FI	Zip Cod	0	
O The shows		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						1-15- O		- III		
8. The above named entity submits this statemed 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.												
1-22-08												
SIGNATURE TO COLOR								1-00			<del></del>	
Signature, typed or printed rights of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 .9. Election Campaign Financing \$5.00 May Be												
After M	ay 1, 200	B Fee will be \$55	7 Trust Fund Contr	ibution.	_ 🗀		ed to Fees					
				0 44			1/2017/00/07	LANGES TO OFFI	0000	D DIDCOTOR	3351.44	
10. TITLE	s	OFFICERS A	ND DIRECTORS	11. TITLE		$\overline{}$	ADDITIONS/C	HANGES TO OFFI	CENS AN			
NAME	CALA, JO	SE	· 80	NAM!						☐ Change	Addition	
STREET ADDRESS	·			STRE								
CITY-ST-ZIP	HIALEAH	, FL 33012		CITY								
TITLE	Р		☐ Delete	TITLE		Tre	asurer			L Change	Addition	
NAME	CALA, GLADYS			NAM		Cala Gladys		dys				
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CITY-ST-ZIP	HIALEAH,	, FL 33012		CITY	-ST-ZIP	1410	ileah P	33013				
TITLE	VP		Delete	TITLE		,				Change	Addition	
NAME	CALA, ST			NAME								
STREET ADDRESS	165 W 37				ET ADDRESS							
CITY-ST-ZIP	DIALEAN,	, FL 33012		-	-SI - ZIP	3.16	ident				-	
TITLE NAME	· .		☐ Delete	TITLE		7000	oh Cal	Sh.		☐ Change	Addition	
STREET ADDRESS				1	: Et address	720	(15 ocean	30r. #1	211			
CITY-ST-ZIP					-ST-ZIP	14211	unood 4	PJ 33019	ને		}	
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NAME				NAM								
STREET ADDRESS	ł.				et address						}	
CITY-ST-ZIP	l		·	CITY	-SI-ZIP							
12. I hereby certify that the information supplied with this filling 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.												
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