


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90032 014 \*\*\*150.00

**DOCUMENT # P0000060146**

1. Entity Name  
**CALIMA INTERNATIONAL TRADING, INC.**



Principal Place of Business  
**1290 WESTON ROAD**  
**SUITE 306 G-2**  
**WESTON, FL 33326**

Mailing Address  
**15677 SW 53 ST**  
**MIRAMAR, FL 33027**

50001063



2. Principal Place of Business - No P.O. Box #  
**18501 Pines Blvd**

3. Mailing Address  
**18501 Pines Blvd**

Suite, Apt. #, etc.  
**Stk 201**

Suite, Apt. #, etc.  
**Stk 201**

01022007 Chg-P CR2E034 (12/06)

City & State  
**Pembroke Pines FL**

City & State  
**Pembroke Pines FL**

Zip  
**33029**

Country  
**J.S.A**

Zip  
**33029**

Country  
**J.S.A**

4. FEI Number  
**65-1018192**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required -

6. Name and Address of Current Registered Agent

**VALLE, SANDRA M**  
**15677 SW 53 ST**  
**WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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          | <b>TD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>VALLE, SANDRA MARIA</b> |                                 |
| STREET ADDRESS | <b>15677 SW 53 STREET</b>  |                                 |
| CITY-ST-ZIP    | <b>MIRAMAR, FL 33027</b>   |                                 |
| TITLE          | <b>SD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>VALLE, SANDRA MARIA</b> |                                 |
| STREET ADDRESS | <b>15677 SW 53 ST</b>      |                                 |
| CITY-ST-ZIP    | <b>MIRAMAR, FL 33027</b>   |                                 |
| TITLE          | <b>PD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>FINA, CARMENZA M</b>    |                                 |
| STREET ADDRESS | <b>15677 SW 53 ST</b>      |                                 |
| CITY-ST-ZIP    | <b>MIRAMAR, FL 33027</b>   |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: *Sandra Valle* **1/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #