

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90972 039 \*\*\*150.00

0967941 AV

DOCUMENT # P00000060146

1. Entity Name  
CALIMA INTERNATIONAL TRADING, INC.



Principal Place of Business  
4474 WESTON ROAD  
SUITE 180  
DAVIE FL 33332

Mailing Address  
4474 WESTON ROAD  
SUITE 180  
DAVIE FL 33332



2. Principal Place of Business  
2645 EXECUTIVE PARK DR.  
Suite, Apt. #, etc.

3. Mailing Address  
2645 EXECUTIVE PARK DR.  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Weston, FL  
Zip  
33331  
Country  
U.S.A.

City & State  
Weston, FL  
Zip  
33331  
Country  
U.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

7. Name and Address of New Registered Agent

VALLE, ELVIA VIVIANA  
16369 NW 18 STREET  
PEMBROKE PINES FL 33028

Name Sandra Maria Valle

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

941 Nandina Dr.

City Weston FL Zip Code 33327

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]*

04/28/03

Signature, type, 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLE, ELVIA VIVIANA	
STREET ADDRESS	16369 NW 18 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALLE, SANDRA MARIA	
STREET ADDRESS	16369 NW 18 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINA, CARMENZA M	
STREET ADDRESS	16369 NW 18 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, ELVIA VIVIANA	
STREET ADDRESS	11502 SW 61 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, SANDRA MARIA	
STREET ADDRESS	941 NANDINA DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINA, CARMENZA M.	
STREET ADDRESS	941 NANDINA DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 914-3841777  
Date Daytime Phone #

CR2E084 (10/02)