

**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

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

7. Name and Address of New Registered Agent
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] DATE 04/28/03
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE, ELVIA VIVIANA 16369 NW 18 STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALLE, SANDRA MARIA 16369 NW 18 STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINA, CARMENZA M 16369 NW 18 STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALLE, ELVIA VIVIANA 11502 SW 61 TERRACE MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALLE, SANDRA MARIA 941 NANDINA DRIVE WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINA, CARMENZA M. 941 NANDINA DRIVE WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 04/28/03 DAYTIME PHONE # 914-3841777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)