

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90060 046 ***150.00

DOCUMENT # P00000117289	
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1. Entity Name
CAL LANDAU, INC.

Principal Place of Business 2303 W MCNAB RD #1 POMPANO BEACH, FL 33069	Mailing Address 2303 W MCNAB RD #1 POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box # 4752 NE 11th Ave	3. Mailing Address 4752 NE 11th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oakland Park FL	City & State Oakland Park FL
Zip 33334	Zip 33334
Country USA	Country USA

04102008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1073319	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHIVAWN GUINNESS, INC. 4503 NW 103 AVE STE 101 SUNRISE, FL 33351

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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDAU, CALVIN A JR 2303 W MCNAB RD #1 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Landau, Calvin A Jr. 4752 NE 11th Ave Oakland Park FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDAU, VIVIANNE K 2303 W MCNAB RD #1 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDAU, Vivianne K 4752 NE 11th Ave Oakland Park FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Calvin A. Landau Jr. **Calvin A. Landau, Jr.** 4/14/08 954 979 5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #