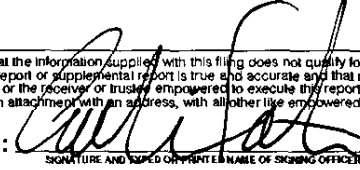


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 031 ***150.00

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

DOCUMENT # P01000028711					
1. Entity Name CALLIN FORTIS INC					
Principal Place of Business 1717 N BAYSHORE DR #2448 MIAMI BEACH, FL 33142		Mailing Address 1717 N BAYSHORE DR #2448 MIAMI BEACH, FL 33142			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1138161	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTIS, CALLIN 1717 N BAYSHORE DR #2448 MIAMI BEACH, FL 33142				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 establishing)					
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	P	☐ Delete			
NAME	FORTIS, CALLIN S				
STREET ADDRESS	1717 N BAYSHORE DR #2448				
CITY-ST-ZIP	MIAMI BEACH, FL 33142				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ 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: 					
Date: 4/29/03 Daytime Phone #: 305-100-1559					

CHRE034 (10/02)