## ~2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000068238

1. Entity Name
CALM SEAS PROPERTIES CORP.

Principal Place of Business

Mattho Address

19111 COLLINS AVE., UNIT #1903 SUNNY ISLES, FL 33160 19111 COLLINS AVE., UNIT #1903 SUNNY ISLES, FL 33160

## FILED Feb 27, 2006 08:00 AM Secretary of State



02232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1131347 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DABAH, MARCOS 19111 COLLINS AVE., UNIT #1903 SUNNY ISLES, FL 33180

## DO NOT WRITE IN THIS SPACE

		ļ			
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Tempfosible. (NOTE Registered)	Agent signature	required when reinstaling)	DATE
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABAH, MARCOS 19111 COLLINS AVE., UNIT #1903 SUNNY ISLES, FL 33160				
MITE					
MAME					11100000110 <del>000</del>
STREET ADDRESS					100000449592
CITY-ST-ZIP					03/09 <b>/0</b> 6-8006 <b>2-006</b> 150 <b>.00</b> °
TITLE					
NAME					
STREET ADDRESS City-St-Zip				DO	NOT WRITE
		<del></del>			
TITLE NAME		1		lN.	THIS SPACE
STREET ADDRESS					
OXY-ST-ZIP					
DILE					
NAME					
STROET ADDRESS					
เภษ-รา-ฮค					
TITLE					•
NAME					
STREET ADDRESS					
CATY-SI-ZIP					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exer	nplions co	ntained in Chapter 119	Florida Statutes, I further certify that the Information

12. Thereby certify that the information supplied with this thing does not quality for the exemptions contained in Chapter 119, Fordat Statutes. I furnier certify that the indicated on this report or supplicmental report is true and accurate and thin my signature shall have the same legal effect as if made under oath; that I am an efficier 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.

UNE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

20 -1106

Daylima Phone #