

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000111372

Entity Name: CALIGARIS CORP.

**FILED**  
**Jun 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4662 N. W. 69 AV  
MIAMI, FL 33166

**New Principal Place of Business:**

4662 NW 69 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

4662 N. W. 69 AV  
MIAMI, FL 33166

**New Mailing Address:**

4662 NW 69 AV  
MIAMI, FL 33166

FEI Number: 01-0576455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEMAN, KEYLA  
4662 NW 69 AVE  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

LUZEY, EDIDA OLGA  
4662 NW 69 AVE  
MIAMI, FL 33166 US

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.

SIGNATURE: EDIDA OLGA LUZEY

06/13/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEMAN, KEYLA  
Address: 4662 N. W. 69 AV  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: EDIDA OLGA LUZEY,  
Address: 4662 N W 69 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDIDA OLGA LUZEY

P/D

06/13/2007

Electronic Signature of Signing Officer or Director

Date