2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000111372

Entity Name: CALIGARIS CORP.

FILED Jul 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4662 NW 69 AVE MIAMI, FL 33166

Current Mailing Address: 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: Name and Address of New Registered Agent:

ALEMAN, REYNALDO A VP
4662 NW 69 AVE
MIAMI, FL 33166 US

ALEMAN, REYNALDO A PD
4662 NW 69 AVE
MIAMI, FL 33166 US

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: REYNALDO ALEMAN 07/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HEYSEL ABDIEL AGUINA, GA
 Name:
 REYNALDO
 ALEMAN,

 Address:
 4662 N W 69 AVE
 Address:
 4662 N W 69 AVE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 REYNALDO ALEMAN,
 Name:
 MILCHA LUZEY,

 Address:
 4662 NW 69 AV
 Address:
 4662 NW 69 AV

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MILCHA LUZEY,
 Name:
 KEYLA ALEMAN,

 Address:
 4662 NW 69 AV
 Address:
 4662 NW 69 AV

 City-St-Zip:
 MIAMI, FL 33166
 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: REYNALDO ALEMAN PD 07/29/2008