

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90059 028 \*\*\*150.00

<b>DOCUMENT # P02000025118</b> 1. Entity Name <b>CALABRO GROUP, INC.</b>					
Principal Place of Business <b>510 N. ORLANDO AVE STE 103 ORLANDO, FL 32489</b>			Mailing Address <b>510 N. ORLANDO AVE STE 103 ORLANDO, FL 32489</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <b>35-2161641</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SANCHEZ, RAYMOND J 14908 YORKSHIRE RUN DRIVE ORLANDO, FL 32828</b>			7. Name and Address of New Registered Agent Name <b>Joseph Liguori</b> Street Address (P.O. Box Number is Not Acceptable) <b>5412 Burchbend Loop</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32765</b>		
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:                       DATE: <b>2/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIGUORI, JOSEPH 14908 YORKSHIRE RUN DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Liguori, Joseph 5412 Burchbend Loop Orlando, FL 32765
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, RAYMOND J 14908 YORKSHIRE RUN DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <b>2/8/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					