

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 020 ***150.00

DOCUMENT # P02000025118

1. Entity Name
CALABRO GROUP, INC.



Principal Place of Business

510 N. ORLANDO AVE
STE 103
ORLANDO, FL 32489

Mailing Address

510 N. ORLANDO AVE
STE 103
ORLANDO, FL 32489

40063401



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2161641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGUORI, JOSEPH
5412B BURCHBEND LOOP
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIGUORI, JOSEPH
STREET ADDRESS	5412 BURCHBEND LOOP
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VPD
NAME	MANISCALCO, DOUGLAS
STREET ADDRESS	8292 OAKMONT TERRACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	STD
NAME	LIGUORI, MICHAEL
STREET ADDRESS	7460 WOODBURN CT
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07

Date

407 833-0844

Daytime Phone #