2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							FILED				
DOCUMENT # P02000123872 1. Entity Name						Mar 14, 2005 08:00 All Secretary of State					
CAL-TEC	H INTERNATIONAL, INC.	, , , , ,					~~~	,	,		
Principal Plac	e of Business	Mailing	Address								
17800 ATLANTIC BLVD SUITE 603 SUNNY ISLES FL 33160		17800 ATLANTIC BLVD SUITE 603 SUNNY ISLES FL 33160							**************************************		
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc			1st MOORE CR2E034 (10/04)						
City & State		City & State				4. FEI Numb	83-03574		├	pplied For lot Applicable	
Zip Country		Zip		Country	ountry 5. Ce		e of Status Desire	d 🔲	\$8.75 Ad	Iditional	
	6. Name and Address of Current	Registered	d Agent			7. Name an	d Address of Nev	w Registered	Agent		
119	TH, LINDA M ESQ 00 BISCAYNE BLVD SUITE MI FL 33181	503	503		et Address ((P.O. Box Numb	per is Not Accepta	able)			
					City		FL Zip Code				
	named entity submits this statement fo tions of registered agent.	r the purpo	ose of changing its	registered offic	e or registe	red agent, or b	oth, in the State of	Florida. I am	ı familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appli	icable (NOTE	Registered Agent s	ignature fequire	d when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	The second secon			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10,	OFFICERS AND	<u>. </u>		11.		ADDITIONS	/CHANGES TO C	OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE	PD	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Delete	TITLE			-		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MARK, THOMAS 17800 ATLANTIC BLVD SUITE 603 SUNNY ISLES FL 33160	3 -	٠.	NAME STREET ADDRE	22.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARK, HERA YOTA 17800 ATLANTIC BLVD SUITE 60: SUNNY ISLES FL 33160	3	Delete	TITLE NAME STREET ADDRE	:35		U00000 03/14/05-		□ Change 02 150.0	☐ Addition	
TITLE NAME STREET ADDRESS	SUMMI ISLEST E SS 100	<u> </u>	Delete	HILE NAME STREET ADDRE	:55		· · ·		☐ Change	☐ Addition	
CITY-ST-ZIP				CiTY - ST- ZIP	_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRE	ī\$S		<u>-</u> -		☐ Change	Addition	
TITLE NAME SIREFT ADDRESS CITY-ST ZIP			☐ Delele	THILF NAME STREET ADDRI CITY-ST-ZIP	ess				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	HILE NAME STREET ADDRI CITY ST-ZIP	ESS	<u> </u>	 		☐ Change	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.

WEIGHT A MOUNT HERA YOTH MARK STD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305_9318373 Daytena Phone :