

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 010 ***150.00

DOCUMENT # P02000123872

1. Entity Name

CAL-TECH INTERNATIONAL, INC.



Principal Place of Business

17800 ATLANTIC BLVD SUITE 603
SUNNY ISLES FL 33160

Mailing Address

17800 ATLANTIC BLVD SUITE 603
SUNNY ISLES FL 33160



2. Principal Place of Business

17800 ATLANTIC BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 603

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH

City & State

Zip

FL 33160

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

83-0357476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LINDA M ESQ
11900 BISCAYNE BLVD SUITE 503
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD
MARK, THOMAS
STREET ADDRESS 17800 ATLANTIC BLVD SUITE 603
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete

NAME STD
MARK, HERA YOTA
STREET ADDRESS 17800 ATLANTIC BLVD SUITE 603
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *THOMAS B. MARK* THOMAS B. MARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/06

Date

305 9318373

Daytime Phone #