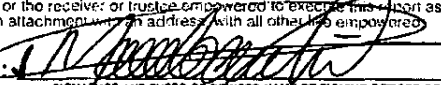


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-22-2004 90294 001 *6,000.00

DOCUMENT # P03000001400 1. Entity Name CALVAO CARDIERI CONSULTING, INC.					
Principal Place of Business 1450 BRICKELL BAY DR STE 2002 MIAMI, FL 33131			Mailing Address 1450 BRICKELL BAY DR STE 2002 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1648866	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent CARDIERI, MARCELO 1450 BRICKELL BAY DR STE 2002 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DIRECTOR	NAME MARCELO CARDIERI		☐ Delete		
STREET ADDRESS 1450 BRICKELL BAY DR - # 2002	CITY-ST-ZIP MIAMI, FL, 33131		☐ Change ☐ Addition		
TITLE DIRECTOR	NAME PATRICIA CALVAO		☐ Delete		
STREET ADDRESS 1450 BRICKELL BAY DR - # 2002	CITY-ST-ZIP MIAMI, FL, 33131		☐ Change ☐ Addition		
TITLE DIRECTOR	NAME PATRICIA CALVAO		☐ Delete		
STREET ADDRESS 1450 BRICKELL BAY DR - # 2002	CITY-ST-ZIP MIAMI, FL, 33131		☐ Change ☐ Addition		
TITLE DIRECTOR	NAME PATRICIA CALVAO		☐ Delete		
STREET ADDRESS 1450 BRICKELL BAY DR - # 2002	CITY-ST-ZIP MIAMI, FL, 33131		☐ Change ☐ Addition		
TITLE DIRECTOR	NAME PATRICIA CALVAO		☐ Delete		
STREET ADDRESS 1450 BRICKELL BAY DR - # 2002	CITY-ST-ZIP MIAMI, FL, 33131		☐ 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 individuals empowered.					
SIGNATURE: 			12/28/2004 1305.810.1400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Daytime Phone #		

66419998



01082004 Chg-P CR2E034 (10/03)