


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-11-2004 90001 015 *****8.75
03-03-2004 90013 044 ***141.25

DOCUMENT # P03000039134		
1. Entity Name CALIBRIN CORPORATION II, INC. 300172567		

Principal Place of Business 9393 LAUREL GREEN DRIVE BOYNTON BEACH FL 33437	Mailing Address BLVD, 9393 LAUREL GREEN DRIVE BOYNTON BEACH FL 33437
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94024207



MOORE CR2E034 (11/03)

2. Principal Place of Business 10901 BISS BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State	
Zip 33161	Country USA	Zip	Country

4. FEI Number 300172567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASCIO, CARL A ESQ 639 EAST OCEAN AVE STE 207 BOYNTON BEACH FL 33436		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CASCIO, SANTINO 9393 LAUREL GREEN DRIVE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CARL A CASCIO, CARL A 639 EAST OCEAN AVE STE 207 BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Carl A Cascio* **2-6-04 1(561)737-9085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #