

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094220

FILED
Aug 06, 2005
Secretary of State

Entity Name: KALFOR INTERNATIONAL, CORP.

Current Principal Place of Business:

C/O ROTH, ROUSSO & DARRACH, P.A.
18851 NE 29TH AVENUE SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

Current Mailing Address:

C/O ROTH, ROUSSO & DARRACH, P.A.
18851 NE 29TH AVENUE SUITE 900
AVENTURA, FL 33180

New Mailing Address:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

FEI Number: 20-0487722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & DARRACH, P.A.
18851 NE 29TH AVENUE SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROTH, LEONARDO A ESQ.
18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180 US

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.

SIGNATURE:

08/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEIDERMACHER, JAIME L
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: LUPI, NORMA LEONOR
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: FORMS, JULIO A
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: PT () Delete
Name: KLEIDERMACHER, ARNOLDO
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: VS () Delete
Name: FORMS, EDUARDO ANGEL
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLEIDERMACHER, JAIME

D

08/06/2005

Electronic Signature of Signing Officer or Director

Date