

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91008 034 ***150.00

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1. Entity Name
CALI TRANSMISSION, CORP.



Principal Place of Business
8258-60 WEST 8 AVE
HIALEAH, FL 33014

Mailing Address
8258-60 WEST 8 AVE
HIALEAH, FL 33014

24067517



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0403840

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMEO, CAMILO
8258-60 WEST 8 AVE
HIALEAH, FL 33014

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, 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 PD
NAME BERMEO, CAMILO
STREET ADDRESS 8258-60 WEST 8 AVE
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE VP
NAME BERMEO CAMILO
STREET ADDRESS 8258-60 WEST 8 AVE
CITY- ST- ZIP HIALEAH FL 33014 ☒ Change ☐ Addition

TITLE VD
NAME BERMEO, CARMENZA
STREET ADDRESS 8258-60 WEST 8 AVE
CITY- ST- ZIP HIALEAH, FL 33014 ☐ Delete

TITLE P
NAME BERMEO CARMENZA
STREET ADDRESS 8258-60 WEST 8 AVE
CITY- ST- ZIP HIALEAH FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #