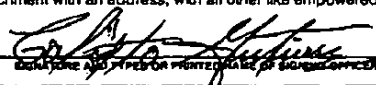


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-04-2005 90134 015 ***150.00

DOCUMENT # P04000019010					
1. Entity Name CALIXTO CORP					
Principal Place of Business 8102 N SHELDON RD APT. 1216 TAMPA, FL 33615			Mailing Address 8102 N SHELDON RD APT. 1216 TAMPA, FL 33615		
2. Principal Place of Business 1602 E. Novajo Ave		3. Mailing Address 1602 E. Novajo Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-0664387	
Zip 33612	County Hillsborough	Zip 33612	County Hillsb.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, CALIXTO 8102 N SHELDON RD APT 1216 TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Gutierrez Calixto Street Address (P.O. Box Number is Not Acceptable) 1602 E. Novajo Ave City Tampa FL Zip Code 33612		
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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, CALIXTO 8102 N SHELDON RD, APT 1216 TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Calixto Gutierrez 1602 E. Novajo Ave. Tampa FL 33612	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, JOSE 8102 N SHELDON RD, APT 1216 TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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: 			Date 4-27-05 (813) 426-5514		

66022749



04262005 Chg-P CR2E034 (10/03)