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

66022749

04262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8102 N SHELDON RD APT. 1216 TAMPA, FL 33615	8102 N SHELDON RD APT. 1216 TAMPA, FL 33615

2. Principal Place of Business	3. Mailing Address
1602 E. Navajo Ave	1602 E. Navajo Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL.	City & State: Tampa FL.
Zip: 33612 Country: Hillsborough	Zip: 33612 Country: Hilkb.

4. FEI Number: 20-0664387 ☐ Applied For ☐ Not Applicable

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. Navajo 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 ______________________________
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, 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	P Calixto Gutierrez 1602 E. Navajo 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		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 4-27-05 (813) 426-5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #