

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000040011		Jan 25, 2007 08:00 AM	
1. Entity Name CALDER CONSTRUCTION, INC.		Secretary of State	
Principal Place of Business 5055 SW 91ST AVENUE MIAMI FL 33165 US		Mailing Address 5055 SW 91ST AVENUE MIAMI FL 33165 US	
2. Principal Place of Business - No P.O. Box # 5055 SW 91st Ave		3. Mailing Address 5055 SW 91st Ave	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip 33165		Country Miami-Dade	
4. FEI Number 65-0797174		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY ST ZIP	
P CALDER, BRUCE E 5055 SW 91ST AVENUE MIAMI FL 33165		Change Addition	
Delete		U000000604293 01/29/07-80048-007-158.75	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			