



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 001 ***150.00

DOCUMENT # P04000040812 1. Entity Name CALE FROZEN PRODUCTS INC.					
Principal Place of Business 2392 W 80 ST 3 HIALEAH, FL 33016			Mailing Address 2392 W 80 ST 3 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 2392 W 80 ST		3. Mailing Address 2392 W 80 ST			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3			
City & State Hialeah, FL 33016		City & State Hialeah, FL 33016			
Zip 33016		Country U.S.A		4. FEI Number 20-1054183	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		05302008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CALE, ANDRES 9159 SW 157 CT MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Cale, Andres Street Address (P.O. Box Number is Not Acceptable) 17335 NW 67 Pl unit 14k City Hialeah FL Zip Code 33015			
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 <u><i>Andres Cale - President</i></u> DATE <u>06/05/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JP CALE, ANDRES 9159 SW 157 CT MIAMI, FL 33196		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Andres Cale</i></u> DATE <u>06/05/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					