

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074652

Entity Name: 223 CALABRIA INC.

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
STE. 501
CORAL GABLES, FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD.
STE. 501
CORAL GABLES, FL 33134

New Principal Place of Business:

4801 S. UNIVERSITY DRIVE
STE 2200
DAVIE, FL 33328

New Mailing Address:

4801 S. UNIVERSITY DRIVE
STE 2200
DAVIE, FL 33328

FEI Number: 20-1110753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD.
STE. 501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALFREDO, RIVERO
936 INTRACOASTAL DRIVE
UNIT 15-B
FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE: ALFREDO RIVERO

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ALVAREZ, JOSE AGUSTIN
Address: 901 PONCE DE LEON BLVD. #501
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, JOSE A
Address: 4801 S. UNIVERSITY DRIVE STE 2200
City-St-Zip: DAVIE, FL 33328

Title: SD () Change (X) Addition
Name: CARBONELL, JULIO M
Address: 4801 S UNIVERSITY DRIVE STE 2200
City-St-Zip: DAVIE, FL 33328

Title: D () Change (X) Addition
Name: RIVERO, ALFREDO L
Address: 4801 S UNIVERSITY DRIVE STE 2200
City-St-Zip: DAVIE, FL 33328

Title: D () Change (X) Addition
Name: PAN, CARLOS
Address: 4801 S UNIVERSITY DRIVE STE 2200
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO CARBONELL

SD

02/23/2005

Electronic Signature of Signing Officer or Director

Date