

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90082 016 ***150.00

DOCUMENT # P04000151843 1. Entity Name TOCOVIA CALDERON, INC.																																																					
Principal Place of Business 12400 SW 151 STREET TOWNHOUSE # 105 MIAMI, FL 33186		Mailing Address 12400 SW 151 STREET TOWNHOUSE # 105 MIAMI, FL 33186																																																			
2. Principal Place of Business TOCOVIA 21655 SW 104th Suite, Apt. #, etc. 204		3. Mailing Address 21655 SW 104th Suite, Apt. #, etc. 204																																																			
City & State MIAMI, FL		City & State MIAMI, FL																																																			
Zip 33190		Country U.S.																																																			
4. FEI Number 20-1841385		Applied For <input type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent CALDERON, TOCOVIA 12400 SW 151 STREET TOWNHOUSE # 105 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name TOCOVIA CALDERON INC Street Address (P.O. Box Number is Not Acceptable) 21655 SW 104th Apt # 204 City MIAMI FL Zip Code 33190																																																			
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 TOCOVIA CALDERON  4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>P CALDERON, TOCOVIA</td> <td>12400 SW 151 STREET # 105</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		P CALDERON, TOCOVIA	12400 SW 151 STREET # 105	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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:  4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					