


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90195 035 \*\*\*150.00

<b>DOCUMENT # P05000006628</b>			
1. Entity Name CALIDAD TOTAL CORP.			
Principal Place of Business 3200 N OCEAN BLVD #1205 FT LAUDERDALE, FL 33308		Mailing Address 3200 N OCEAN BLVD #1205 FT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 16175 Laurel Dr.		3. Mailing Address 16175 Laurel Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33326	Country USA	Zip 33326	Country USA



05272008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2188363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LUGO, HENRY JOSE J 3200 N OCEAN BLVD #1205 FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Henry Jose LUGO Street Address (P.O. Box Number is Not Acceptable) 16175 Laurel Dr. City Weston FL Zip Code 33326
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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  DATE 5/27/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	DPT LUGO, HENRY JOSE 3200 N OCEAN BLVD #1205 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HENRY JOSE LUGO 16175 Laurel Dr. Weston, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BLANCALUGO, FRIDA 3200 N OCEAN BLVD #1205 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIDA BLACA LUGO 16175 Laurel Dr. Weston, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE 5/27/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR