


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 037 ***150.00

DOCUMENT # P05000020835					
1. Entity Name LUIS CALDERON, INC.					
Principal Place of Business 1418 SE 24TH AVE CAPE CORAL, FL 33990 US			Mailing Address 1418 SE 24TH AVE CAPE CORAL, FL 33990 US		
2. Principal Place of Business 1832 SE VAN LOON TERRACE Suite, Apt. #, etc.		3. Mailing Address 1832 SE VAN LOON TERRACE Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 20-2307719	
Zip 33990		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, JORGE 4912 VINCENNES CT 201 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name: CALDERON LUIS F Street Address (P.O. Box Number is Not Acceptable): 1832 SE VAN LOON TERRACE City: CAPE CORAL FL Zip Code: 33990		
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: <i>[Signature]</i> DATE: 4/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: CALDERON, LUIS F <input type="checkbox"/> Delete STREET ADDRESS: 1418 SE 24TH AVE CITY-ST-ZIP: CAPE CORAL, FL 33990			TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CALDERON LUIS STREET ADDRESS: 1832 SE VAN LOON TERRACE CITY-ST-ZIP: CAPE CORAL FL 33990		
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: MORALES, HUMBERTO STREET ADDRESS: 2127 NE 15TH PL CITY-ST-ZIP: CAPE CORAL, FL 33991			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/28/06 <small>Daytime Phone #</small>	