


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000034968 1. Entity Name CALIMOI CORPORATION	
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FILED

07 JUN 13 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6335 KELSO DR. PORT RICHEY, FL 34668 US	Mailing Address 6335 KELSO DR. PORT RICHEY, FL 34668 US
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2. Principal Place of Business - No P.O. Box # 7223 Gulf Highland Dr. <small>Suite, Apt. #, etc.</small>	3. Mailing Address P.O. BOX 357 <small>Suite, Apt. #, etc.</small>
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02282007 Chg-P CR2E034 (12/06)

City & State Port Richey FL	City & State Port Richey FL	4. FEI Number 20-2458463	Applied For <input type="checkbox"/> Not Applicable
Zip 34668	Country USA	Zip 34673	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDRA, CORDOBA 6335 KELSO DR. PORT RICHEY, FL 34668
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 Sandra Cordoba - President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 6-11-07 <small>DATE</small>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRES <input type="checkbox"/> Delete NAME CORDOBA, SANDRA STREET ADDRESS 6335 KELSO DR. CITY-ST-ZIP PORT RICHEY, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Elbert M. Salazar STREET ADDRESS 7223 Gulf Highland Dr CITY-ST-ZIP Port Richey 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Sandra Cordoba <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 6-11-07 <small>DATE</small>

277-277-3222
ext 111

As per telephone conversation with Sandra Cordoba on 6/11/07

2/1/14