2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED				
Apr 25, 2007	08:00 A			
Secretary	of State			

DOCUMENT # PUDUUUU 1/09	
1. Entity Name	
CALLAWAY INVESTMENTS OF FLORIDA, IN	1C.



Principal Place of Business

10265 NICARAGUA DRIVE MIAMI, FL 33189

Mailing Address

10265 NICARAGUA DRIVE MIAMI, FL 33189



DO	NOT	WRITE	IN THIS	SPACE
----	------------	-------	---------	--------------

03122007	No Chg-P	CR2E034 (11/05

4. FEI Number 56-2511879

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

						,
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	od office of	registered agent, or be	oth, in the State of Florida. I am	familiar with, and accept
	Signature, typed or printed name of registered agent and title it	Emplicable. (NOTE: Registered	Agent signat	ure required whon reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Ba Added to Fees		
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	p. Ch.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CALLAWAY, RONNIE 10265 NICARAGUA DRIVE MIAM1, FL 33189				U000007	21515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, RONNIE 10265 NICARAGUA DRIVE MIAMI, FL 33189		,	•	05/09/07-8	იიი iso.ხი ენიშ–იი iso.ხი
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN	THIS SPAC	≣
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			
TITLE			•			·

12. 1 hereby certify that the information supplied with this filling 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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

ICER OR DIRECTOR