


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000100436 1. Entity Name CALTI ENTERPRISES, INC.	
--	---

Principal Place of Business PO BOX 273128 TAMPA, FL 33688-3128	Mailing Address PO BOX 273128 TAMPA, FL 33688-3128
--	--



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3271631	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATEJEK, PAWEL
12219 HIDDEN BROOK DRIVE
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000940533
05/28/08-80070-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATEJEK, PAWEL
STREET ADDRESS	12219 HIDDEN BROOK DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	V
NAME	MATEJEK, STANISLAW
STREET ADDRESS	2436 SHADECREST ROAD
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	S
NAME	MATEJEK, EWA
STREET ADDRESS	12219 HIDDEN BROOK DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Pawel Matejek* **PAWEL MATEJEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08 727-744-7844

Date

Daytime Phone #