2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148755

City-St-Zip:

HOLLYWOOD, FL 33020

FILED Sep 14, 2006 Secretary of State

| Entity Nar | ne: CALR | EAL ESTATE VE | NTURES, INC. | | | | | |
|-----------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------|---------------------------------------------|-------------------------------------------|--------------------------|-----------------------------------|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | | |
| 1001 AMH DAVIE, FL | ERST AVE 33325 | | | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| 1001 AMH DAVIE, FL | ERST AVE 33325 | | | | | | | |
| FEI Number: | | FEI Number A | pplied For (X) | FEI Number Not Appl | icable () | Certificate of Status | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| ROJAS, CI 1001 AMH DAVIE, FL | ERST AVE | US | | | | | | |
| | named ent of Florida. | ity submits this sta | atement for the pu | urpose of changing it | ts registered | d office or registered a | agent, or both, | |
| SIGNATUR | RE: | | | | | | | |
| | Elect | ronic Signature of | Registered Ager | nt | | Date | | |
| | | 7.193(2)(b), F.S., the cing Trust Fund Cor | | receive the prior notic | e. | | | |
| OFFICERS | S AND DIR | ECTORS: | | ADDITION | S/CHANGE | ES TO OFFICERS AN | ID DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D ROJAS, CE 1001 AMHE DAVIE, FL | RST AVE. | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D ROJAS, AD 1001 AMHE DAVIE, FL | RST AVE. | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: | D GOMEZ, LU 2771 TAFT | ()Delete JIS J ST., UNIT 303 | | Title: Name: Address: | D GOMEZ, LU PO BOX 260 | | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PEMBROKE PINES, FL 33026

SIGNATURE: CESAR A ROJAS 09/14/2006 D