


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90029 006 \*\*\*150.00

<b>DOCUMENT # P06000066393</b> 1. Entity Name <b>CALMAH, INC.</b>			
Principal Place of Business <b>4029 S WESTSHORE BLVD TAMPA, FL 33629</b>		Mailing Address <b>4029 S WESTSHORE BLVD TAMPA, FL 33629</b>	
2. Principal Place of Business - No P.O. Box # <b>3640 S. WEST SHORE BLVD</b>		3. Mailing Address <b>P.O. Box 13109</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33629</b>		Zip <b>33681</b>	
Country 		Country 	
4. FEI Number <b>56-2591104</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, JOSEPH L 2522 WEST KENNEDY BOULEVARD TAMPA, FL 33609</b>		7. Name and Address of New Registered Agent Name: <b>OLSON + BEARDEN P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 N. PIERCE STREET</b> <b>4TH FLOOR</b> City: <b>TAMPA</b> FL Zip Code: <b>33602</b>	
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: <u><b>LAURA A. OLSON</b></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>CALDERONI, RICHARD A</b> STREET ADDRESS: <b>4029 S WESTSHORE BLVD</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	TITLE: <b>D P T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>CALDERONI, RICHARD A.</b> STREET ADDRESS: <b>3640 S. WEST SHORE BLVD</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>		
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>MAHDIEH, AMIR</b> STREET ADDRESS: <b>4029 S WESTSHORE BLVD</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	TITLE: <b>D VP S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>MAHDIEH, AMIR A.</b> STREET ADDRESS: <b>3640 S. WEST SHORE BLVD</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>		
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: 		
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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: <u><b>Amir Mahdih</b></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>2-28-08</b> Date Daytime Phone #	

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