

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000088303

**FILED**  
**May 18, 2011**  
**Secretary of State**

**Entity Name:** CALA CONSULTING CORP.

**Current Principal Place of Business:**

1143 SW ADDIE ST  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

1168 SW MIRROR LAKE  
PORT ST. LUCIE, FL 34986-200 US

**Current Mailing Address:**

1143 SW ADDIE ST  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

417 SE COCONUT AVE  
SUITE 1  
STUART, FL 34996 US

**FEI Number:** 02-0782334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCLAN, JAVIER P  
1143 SW ADDIE ST  
PORT ST. LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

BMH ACCOUNTING  
417 SE COCONUT AVENUE  
SUITE 1  
STUART, FL 34996 US

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.

**SIGNATURE:** COREY MILLER

05/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** INCLAN, JAVIER P  
**Address:** 1168 SW MIRROR LAKE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAVIER INCLAN

PRES

05/18/2011

Electronic Signature of Signing Officer or Director

Date