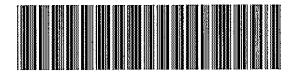
# P06000107033

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# COVER LETTER

TO:

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations SUBJECT: CALVO INSTALLATION CORP (Name of Corporation) P06000107033 DOCUMENT NUMBER: The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LON MANLEY (Name of Contact Person) RIOS, SMIDHUM & MANLEY, PA (Firm/Company) 3421 W CYPRESS ST (Address) TAMPA, FL. 33607 (City/State and Zip Code) For further information concerning this matter, please call: LON MANLEY (Name of Contact Person) Enclosed is a check for the following amount: \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & \$43.75 Filing Fee & Certified Copy Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF CORRECTION

for

### **CALVO INSTALLATION CORP**

Name of Corporation as currently filed with the Florida Dept. of State

#### P06000107033

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ELECTRONIC ARTICLES OF INCORPORATION
(Document Type Being Corrected)
filed with the Department of State on AUGUST 16, 2006
(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
ARTICLE VII failed to include a third director.
7 11 10 22 7 17 70 100 10 17 71 100 10 17 100 10 17
Correct the inaccuracy, incorrect statement, or defect:
ARTICLE VII should also include as the third director: Rodolfo Fonseca,
9027 Tree Valley Cr., Tampa, Fl. 33615
The off

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**ELIEZER CALVO** 

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

OSAUG SULLA CHALLOS

Filing Fee: \$35.00