

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000143144

1. Entity Name
CALIXTO HURRICANE CO



**FILED
Mar 13, 2008 8:00 am
Secretary of State**

03-13-2008 90034 004 ***150.00

40044573



02262008 Chg-P CR2E034 (12/06)

Principal Place of Business 1811 SE 8TH TERRACE CAPE CORAL, FL 33990 US		Mailing Address 1811 SE 8TH TERRACE CAPE CORAL, FL 33990 US	
2. Principal Place of Business - No P.O. Box # 3535 SW 105 Ave		3. Mailing Address 3535 SW 105 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33165	Country 2USA	Zip 33165	Country 2USA
6. Name and Address of Current Registered Agent HERNANDEZ, ISRAEL 1811 SE 8TH TERRACE CAPE CORAL, FL 33990			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3535 SW 105 Ave City miami FL Zip Code 33165			

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, ISRAEL 1811 SE 8TH TERRACE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3535 SW 105 Ave miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, DULCE M. 1811 SE 8TH TERRACE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, Dulce 3535 SW 105 Ave miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/08 (786)457-3794
Date Daytime Phone #