

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081395

**FILED
Jul 14, 2009
Secretary of State**

Entity Name: CALVOSANCHEZ INC.

Current Principal Place of Business:

14150 SW 152 PL
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

14150 SW 152 PL
MIAMI, FL 33196

New Mailing Address:

FEI Number: 26-3330991 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CALVO, NORKA
15200 SW 143 AVE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALVO, JAMES
Address: 14150 SW 152 PL
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: CALVO, ROSA
Address: 14150 SW 152 PL
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JC

_____ Electronic Signature of Signing Officer or Director

P

07/14/2009

_____ Date