


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 009 \*\*\*550.00

<b>DOCUMENT # P96000005842</b>	
1. Entity Name <b>ANCALMO CORP.</b>	

Principal Place of Business <b>% PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. MIAMI, FL 33131</b>	Mailing Address <b>% PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD #4874 MIAMI, FL 33131 US</b>
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2. Principal Place of Business <b>9600 N.W. 25TH STREET</b> Suite, Apt. #, etc. <b>6-A</b> City & State <b>DORAL, FLORIDA</b> Zip <b>33172-1416</b>	Country	3. Mailing Address <b>9600 N.W. 25TH STREET</b> Suite, Apt. #, etc. <b>6-A</b> City & State <b>DORAL, FLORIDA</b> Zip <b>33172-1416</b>	Country
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05022006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0694033</b>	Applied For <input type="checkbox"/> Not Applicable
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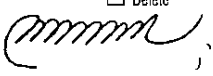
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 ANCALMO, MARIO E 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 <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	S ANCALMO, JOSE M 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 <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	T MERINO, JOSE A 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 <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
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**  **305-477-2939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #