


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90114 037 \*\*\*158.75

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P96000039114</b><br>1. Entity Name<br><b>DISTRICALC CORPORATION</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>21113 JOHNSON STREER</b><br><b>129</b><br><b>PEMBROKE PINES, FL 33029 US</b>  |   |   | Mailing Address<br><b>21113 JOHNSON STREER</b><br><b>129</b><br><b>PEMBROKE PINES, FL 33029 US</b>                                   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                           |  |   |  |
| 4. FEI Number<br><b>65-0666719</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WARTENBERG, ERNESTO</b><br><b>21113 JOHNSON STREET</b><br><b>SUITE 129</b><br><b>PEMBROKE PINES, FL 33029</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing). DATE _____</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>WARTENBERG, ERNESTO</b><br><b>1924 NW 171 AVE.</b><br><b>PEMBROKE PINES, FL</b>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>WARTENBERG, MARTHA V</b><br><b>1924 NW 171 AVE.</b><br><b>PEMBROKE PINES, FL</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is 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 all other like empowered. |   |   |  |   |  |
| SIGNATURE <i>Ernesto Wartenberg</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | SIGNATURE <i>Martina Wartenberg</i> 4/11/05 (954) 392-7755<br><small>Date Daytime Phone #</small>                                    |   |  |