## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000045185

Entity Name: CALIGIURI, CORP.

FILED Jan 03, 2008 Secretary of State

,		,				
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	RAL PARK DI D, FL 32771	₹. 10				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX LAKE MOI	471485 NROE, FL 32	747				
FEI Number	: 59-3380864	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
MARCHEI 976 LAKE ORLANDO	NA, MARCOS NA AND GRA BALDWIN LA D, FL 32814 U named entity	HAM, P.A. NE, STE. 101 JS	ourpose of changing i	ts registered	l office or registered agent, or both,	
	e of Florida.		<sub> </sub>			
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	CALIGIURI, MI 518 CENTRAL SANFORD, FL	PARK DR	Title: Name: Address: City-St-Zip: Title:	CALIGIURI, N 1196 EAGLE WINTER SPI	(X) Change ( ) Addition MIGUEL S WATCH TRAIL RINGS, FL 32708 (X) Change ( ) Addition	
Name: Address: City-St-Zip:	CALIGIURI, M 1813 E. CHER WINTER PARI		Name: Address: City-St-Zip:	1196 EAGLE	MARIA ADRIANA IS WATCH TRAIL RINGS, FL 32708	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zin:	CALIGIURI, GI 9572 N.W. 9TI		Title: Name: Address: City-St-Zin:		( ) Change ( ) Addition	

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: KARINA A CALIGIURI D 01/03/2008