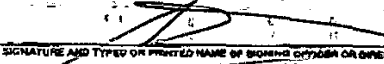


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am  
Secretary of State

04-26-2004 90982 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P96000084782</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                |                                                                   |
| 1. Entity Name<br><b>KALAMARI INVESTMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                 |                                                                   |
| Principal Place of Business<br>1911 SW 126TH COURT<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | Mailing Address<br>1911 SW 126TH COURT<br>MIAMI, FL 33175                                                       |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | 3. Mailing Address                                                                                              |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | Suite, Apt. #, etc.                                                                                             |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | City & State                                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                    | Zip                                                                                                             | Country                                                           |
| 4. FEI Number<br><b>65-0701534</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Applied For<br>Not Applicable                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | \$8.75 Additional Fee Required                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | 7. Name and Address of New Registered Agent                                                                     |                                                                   |
| BORELL, SILVIA E<br>1911 SW 126TH COURT<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____ (NOTE: Registered Agent's signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                 |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>GETTE, SILVIA B<br>1911 SW 126TH COURT<br>MIAMI, FL 33175 <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DP<br>CEBALLOS, MARIO<br>1911 SW 126TH COURT<br>MIAMI, FL 33175 <input checked="" 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 |
| 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 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 all other like empowered. |                                                                                                            |                                                                                                                 |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            | 4/20/04                                                                                                         |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Date                                                                                                            |                                                                   |

24055497



03122004 Chg-P OR2E034 (10/03)

SILVIA BEATRIZ GETTE  
57-5-357-2732 - Miami 305-553-7722  
57-5-357-3855  
April 20 del 2004