2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2007 8:00 am
Secretary of State
05-09-2007 90099 046 ***150.00

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1. Entity Name
CALIPSO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1620 WEST OAKLAND PK BLVD. #403 OAKLAND PARK, FL 33311	P.O BOX 101494 FT.LAUDERDALE, FL 33310

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0831065
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, P. DOUG
1620 W. OAKLAND PARK BLVD. SUITE 403
OAKLAND PARK, FL 33311

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRODY, JANETH
STREET ADDRESS	1620 WEST OAKLAND PARK BLVD. STE. 403
CITY-ST-ZIP	OAKLAND PARK, FL 33311
TITLE	D
NAME	YOUNG, P. DOUG
STREET ADDRESS	1620 W. OAKLAND PARK BLVD., STE. 403
CITY-ST-ZIP	OAKLAND PARK, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: _____ 5/29/07 954.735-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #