

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101392

1. Entity Name
CALFLOR ENTERPRISES, INC.



Principal Place of Business
**10175 COLLINS AVENUE
APT. 301
MIAMI BEACH, FL 33154**

Mailing Address
**10175 COLLINS AVENUE
APT. 301
MIAMI BEACH, FL 33154**



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0893007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **ALEMAN, BEATRIZ O**
STREET ADDRESS **10175 COLLINS AVE #301**
CITY-ST-ZIP **MIAMI BEACH, FL 33154**

TITLE
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7/07/06 10435/261
04/21/06-80001-025 158.75

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beatriz O. Aleman

Date

305-371-9213

Daytime Phone #

BEATRIZ O. ALEMAN, PRESIDENT