

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030836

Entity Name: ALBERTO M. CALVO, P.A.

FILED  
Apr 08, 2004  
Secretary of State

**Current Principal Place of Business:**

3471 NORTH FEDERAL HWY  
SUITE 209  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

3471 NORTH FEDERAL HWY  
SUITE 209  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

FEI Number: 65-0908592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVO, ALBERT M  
3471 NORTH FEDERAL HWY, STE 209  
FT. LAUDERDALE, FL 33306      US

**Name and Address of New Registered Agent:**

CALVO, ALBERT M  
3471 NORTH FEDERAL HWY  
STE 209  
FT. LAUDERDALE, FL 33306 US

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.

SIGNATURE: ALBERTO M. CALVO      04/08/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      D      ( ) Delete  
Name:      CALVO, ALBERTO M  
Address:      3471 NORTH FEDERAL HWY SUITE 209  
City-St-Zip:      FORT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERTO M. CALVO      MR.      04/08/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date