2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # P99000109118 **Secretary of State** 1. Entity Name CALLOP CORPORATION Mailing Address Principal Place of Business 3520 NW 95TH TERRACE MIAMI FL 33147 3520 NW 95TH TERRACE MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0970401 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, CALIXTO Street Address (P.O. Box Number is Not Acceptable) 3520 NW 95TH TERRACE **MIAMI FL 33147** City 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 Signature, typed or presed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 to. 11. Change ☐ Addition RTLE Detete TIFLE NAME PEREZ, CALIXTO NAME U0000004841**7**4 STREET ADDRESS 3520 NW 95TH TERRACE STREET ADDRESS 04/12/06-80027-024 150.00 CITY-SI-ZIP MIAM! FL 33147 CHTY-ST-ZIP TITLE Delete THE ☐ Change Addition MARKE NA 65E STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-ST-ZIP mic Delete 11)25 ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP CITY - ST- ZIP TITLE Delete 3173.5 Change ☐ Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIE SITE Deteta TITLE Addition ☐ Change NAME STREET NUDRESS STREET ADDRESS CUTY-ST-ZIP CITY -ST-INP TATLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-28P

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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: Cole & Se

3-24-06

FILED