2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AM DOCUMENT # P99000110372 **Secretary of State** CALDERON CONSULTING COMPANY Principal Place of Business Mailing Address 7930 N.W. 167TH TERR. 7930 N.W. 167TH TERR. MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 CR2E034 (11/05) 01172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0984890 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALDERON, JOSE O DO NOT WRITE **7930 NW 167 TERRACE** MIAMI LAKES, FL 33016 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PST CALDERON, JOSE M NAME 7930 NW 167TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE 10000011343464 NAME 01, 25/06-80041-022 150,00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not quality 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

STREET ADDRESS CITY-ST-ZIP

NIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/17/06

305-522-520

Daylime Phone #

FILED