

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54261

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: CALEV ENTERPRISES, INC.

## Current Principal Place of Business:

8440 S. DIXIE HWY.  
# 1011  
MIAMI, FL 33143 US

## Current Mailing Address:

PO BOX 56-5969  
MIAMI, FL 332565969

## New Principal Place of Business:

8440 S. DIXIE HWY.  
# 1505  
MIAMI, FL 33143 US

## New Mailing Address:

PO BOX 56-5969  
MIAMI, FL 33256

FEI Number: 65-0275880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete  
Name: CALEV, BARBARA A PRES  
Address: 8440 S. DIXIE HWY, #1011  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition  
Name: CALEV, BARBARA A PRES  
Address: 8440 S. DIXIE HWY, #1505  
City-St-Zip: MIAMI, FL 33256 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA A. CALEV

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date