2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME MIYASIKI, EVA STREET ADDRESS CITY-ST-ZIP TITLE PS NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change A Change A Change A Change A	DOCUMENT # V19840 1. Entity Name CALIPOLIS CORP.					04-30-2007 90429 008 ***150.00				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent VILLALIBRE, ANGELA 180 ISLAND DR KEY BISCAYNE, FL 33149 Siferet Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) FRANCISCO M. MARTINEZ — MIYASHIK: City MIAMI FL 7/20 Codes 33 13 2 8. The above named with 1 bight if it structured agent and tills 4 applicable. FRANCISCO M. MARTINEZ — MIYASHIKI O4/27/20 (MIAMI FRANCISCO M. MARTINEZ — MIYASHIKI O4/27/20 (MIAMI FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE D Change A Name ITHE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS 180 ISLAND DR SIRET ADDRESS 180 ISLAND DR SIRET ADDRESS 180 ISLAND DR SIRET ADDRESS SIRET ADDRESS 180 ISLAND DR SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS 180 ISLAND DR SIRET ADDRESS SIRET	180 ISLAND DR		180 ISLAND DR				-	81811 81871 81811 81811 87871 BCR	YESI II IWWI	
City & State City & State & Country State & Address of New Registered Agent Street Address (PO. Box Number is Not Acceptable) FILE NowIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 FILE NowIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Page International Inte	Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$9.85 Additional Fee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-P	CR2E034 (12/06)		
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCISCO M. MARTINEZ-MIYASHIK: Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 TH STREET SUITE # 93. City MIAMI FL Zip Code 2. City MIAMI FL Zip Code 3.313.2 8. The above named with 1 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of the first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the first statement for the purp	City & State		City & State			1	n35	— — —	·	
Name and Address of Current Registered Agent Name FRANCISCO M. MARTINEZ - MIYASHIK.	Zip Country		Zip Countr		ntry	5 Certificate of Status Desired \$8.75 Additional			ditional	
Name FRANCISCO M. MARTINEZ-MIYASHIK.		6. Name and Address of Curren	t Registered Agent	1		7. Name and A	ddress of New Ro	<u> </u>		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Number is		a validado de objetit naglato o o gon				Namo				
STATE SUITE # 93.6							11111			
City MIAMI FL Zip Code 33 13 2 8. The above named with 10 bits it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registeral agent and title it applicable. FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) O4/27/20 (Code 33 13 2) FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) O4/27/20 (Code 33 13 2) FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) O4/27/20 (Code 33 13 2) FRANCISCO M. MARTINEZ – MIYASHIKI O4/27/20 (Code 33 13 2) O4/27/20 (Code 31 13 14 14 14 14 14 14 14 14 14 14 14 14 14	KEY BISC	AYNE, FL 33149								
8. The above name of this first statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registering from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registering from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registering agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and registere				-			H STREET			
FRANCISCO M. MARTINEZ – MIYASHIKI 04/27/200 SIGNATURE: Signature required when reinstating) FRANCISCO M. MARTINEZ – MIYASHIKI 04/27/200 FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. TITLE D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D OBlete TITLE NAME STREET ADDRESS 180 ISLAND DR STREET ADDRESS CITY-ST-ZIP TITLE D OBLETE TITLE D ORIGINAL STREET ADDRESS CITY-ST-ZIP TITLE D OBLETE TITLE CITY-ST-ZIP TITLE PS OBLETE TITLE CITY-ST-ZIP	No mad in the									
After May 1, 2007 Fee will be \$550.00	the obligat	tions of defice and the	FRANCIS	SCO N	MARTI	NEZ- MIY		04/27,		
TITLE D Delete TITLE NAME VILLALIBRE, ANGELA STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CTY-ST-ZIP TITLE D Delete TITLE DELETE			1	-		ded to Fees				
NAME STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME MIYASIKI, EVA STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change A CHANGE STREET ADDRESS CITY-ST-ZIP TITLE Change A Change A						ADDITIONS/C	HANGES TO OFF			
NAME MIYASIKI, EVA NAME STREET ADDRESS 180 ISLAND DR STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE PS Delete TITLE Change A	NAME STREET ADDRESS	VILLALIBRE, ANGELA 180 ISLAND DR	LJ Delete	NAM STRI	ME EET ADDRESS			∐ Change	☐ Addition	
	NAME STREET ADDRESS	MIYASIKI, EVA 180 ISLAND DR	☐ Delete	nam Stri	AE EET ADDRESS			☐ Change	Addition	
NAME MARTINEZ-CELEIRO, FRANCISCO NAME STREET ADDRESS 180 ISLAND DR STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149 CITY-SI-ZIP	NAME STREET ADDRESS	MARTINEZ-CELEIRO, FRANCI 180 ISLAND DR		NAM Stri	ME EET ADDRESS			☐ Change	☐ Addition	
TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP CHANGE TITLE CHANGE CHANG	NAME STREET ADDRESS		☐ Delete	NAM Stri	RE EET ADDRESS			☐ Change	☐ Addition	
TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHAN	NAME STREET ADDRESS		☐ Delete	NAM STR	ME EET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 and the information in Chapter 119, Florida Statutes. I further certify that the information in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAM STR	ME EET ADDRESS Y-ST-ZIP			•	Addition	

12. Interest yearing that the information supplied with this litting does not quality for the exemptions contained in chapter 19. Finding statutes. Finding the information indicated on this report or supplemental report is true 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 trusfee 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: _

TRADUICO MARTINEZ-CELEIRI

4127107 (305) 576-7800