
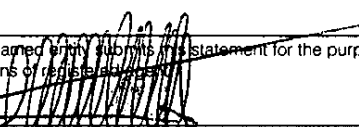
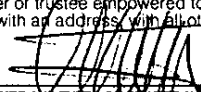


FILED
Apr 30, 2007 8:00 am
Secretary of State

DOCUMENT # V19840						Secretary of State	
1. Entity Name CALIPOLIS CORP.				04-30-2007 90429 008 ***150.00			
Principal Place of Business 180 ISLAND DR KEY BISCAVNE, FL 33149				Mailing Address 180 ISLAND DR KEY BISCAVNE, FL 33149			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent VILLALIBRE, ANGELA 180 ISLAND DR KEY BISCAVNE, FL 33149				7. Name and Address of New Registered Agent Name FRANCISCO M. MARTINEZ-MIYASHIKI Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 TH STREET SUITE # 934 City MIAMI FL Zip Code 33132			
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 				FRANCISCO M. MARTINEZ- MIYASHIKI 04/27/2007			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILLALIBRE, ANGELA			NAME			
STREET ADDRESS	180 ISLAND DR			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAVNE, FL 33149			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIYASHIKI, EVA			NAME			
STREET ADDRESS	180 ISLAND DR			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAVNE, FL 33149			CITY-ST-ZIP			
TITLE	PS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ-CELEIRO, FRANCISCO			NAME			
STREET ADDRESS	180 ISLAND DR			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAVNE, FL 33149			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: 				FRANCISCO MARTINEZ-CELEIRO 4/27/07 (305) 576-7800			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			