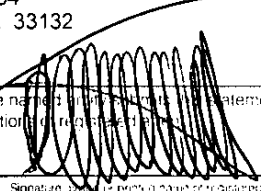
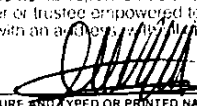


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 012 ***150.00

DOCUMENT # V19840 1. Entity Name CALIPOLIS CORP.					
Principal Place of Business 180 ISLAND DR KEY BISCAYNE, FL 33149			Mailing Address 180 ISLAND DR KEY BISCAYNE, FL 33149		
2. Principal Place of Business - Ho P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite Apt. # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0372035	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VILLALIBRE, ANGELA 555 NE 15TH STREET SUITE #934 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name FRANCISCO M. MARTINEZ-MIYASHIKI Street Address (P.O. Box Number is Not Acceptable) 555 NE 15TH STREET SUITE # 934 City MIAMI FL Zip Code 33132		
8. The above named individual is the 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 obligation of registered agent.					
SIGNATURE 		FRANCISCO M. MARTINEZ-MIYASHIKI 01/09/2008			
Signature of the principal officer or registered agent and holder of application		STATE Registered Agent separation and when reappointed		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALIBRE, ANGELA 180 ISLAND DR KEY BISCAYNE, FL 33149	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYASHIKI, EVA 180 ISLAND DR KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DR KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 number like empowered.					
SIGNATURE: 		FRANCISCO MARTINEZ CELEIRO 1/9/08 (305) 576-7800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE			