

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30291

FILED  
May 31, 2012  
Secretary of State

Entity Name: CALPE MEDICAL INC.

**Current Principal Place of Business:**

7801 CORAL WAY  
SUITE 121  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 441402  
MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 65-0328026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENALVER, CARLOS  
10410 N.W. 131ST STREET  
HIALEAH GARDENS, FL 33018 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: PENALVER, CARLOS  
Address: 10410 NW 131 ST  
City-St-Zip: HIALEAAH GARDENS, FL

Title: D  
Name: PENALVER, CARLOS  
Address: 10410 NW 131 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: CARLOS PENALVER

PVST

05/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date