

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 045 ***150.00

DOCUMENT # H21118

1. Entity Name
CAMAR ENTERPRISES, INC.



Principal Place of Business
**6541-3 POWERS AVE.
JACKSONVILLE, FL 32217**

Mailing Address
**6541-3 POWERS AVE.
JACKSONVILLE, FL 32217**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2988 Starshire CV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-P

CR2E034 (12/06)

City & State

City & State
Jacksonville, FL

4. FEI Number

59-2457421

Applied For

Not Applicable

Zip

Country

Zip

32257

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, ELISEO
6541 POWERS AVENUE
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2988 Starshire CV

City **Jacksonville**

FL

Zip Code **32257**

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

Eliseo Martinez

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-08

**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

TITLE **P** ☐ Delete
NAME **MARTINEZ, ELISEO**
STREET ADDRESS **6541 POWERS AVENUE**
CITY- ST- ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eliseo Martinez

Date

Daytime Phone #

1-22-08