2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90130 025 ***150.00

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DOCUMENT # P04000105051

1. Entity Name
SM CAMARAZA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10101 W OKEECHOBEE RD #14202 HIALEAH GARDENS, FL 33016	10101 W OKEECHOBEE RD #14202 HIALEAH GARDENS, FL 33016

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9007 NW 182 TERR		9007 NW 182 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI Fl		City & State: MIAMI Fl	
Zip: 33018	Country: MIAMI-DADE	Zip: 33018	Country: MIAMI-DADE

4. FEI Number: 20-1397695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMARAZA, SERGIO
10101 W OKEECHOBEE RD #14202
HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent

Name: CAMARAZA, SERGIO
Street Address (P.O. Box Number is Not Acceptable): 9007 NW 182 TERR
City: MIAMI FL Zip Code: 33018

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: [signature] 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	DP CAMARAZA, SERGIO 10101 W OKEECHOBEE RD #14202 HIALEAH GARDENS, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMARAZA, MAELI 10101 W OKEECHOBEE RD #14202 HIALEAH GARDENS, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE: [signature] 4/10/06 (305)231-8529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #