


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90025 004 \*\*\*150.00

<b>DOCUMENT # P92000008170</b> 1. Entity Name <b>CAMADI CORPORATION</b>	
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Principal Place of Business <b>306 ALCAZAR AVE SUITE 303 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>306 ALCAZAR AVE. STE 303 CORAL GABLES, FL 33134 US</b>
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2. Principal Place of Business	3. Mailing Address	04052004 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>65-0374720</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SIMAN, MAURICIO J. 906 PALERMO AVE. CORAL GABLES, FL 33134</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD SIMAN, MAURICIO J.	<input type="checkbox"/>
NAME	906 PALERMO AVE.	
STREET ADDRESS	CORAL GABLES, FL	
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/>
NAME	SIMAN, SARA L	
STREET ADDRESS	906 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VTD	<input type="checkbox"/>
NAME	FERNANDEZ, CARMEN SIMAN	
STREET ADDRESS	442 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SIMAN, MAURICIO V.	
STREET ADDRESS	906 PALERMO AVE.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/6/04** DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR