


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000016302</b> 1. Entity Name <b>CAMEO FARMS SOUTH, INC.</b>	
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Principal Place of Business <b>5650 S.W. 106TH AVENUE FORT LAUDERDALE FL</b>	Mailing Address <b>5650 S.W. 106TH AVENUE FORT LAUDERDALE FL</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/06)

4. FEI Number <b>65-0735067</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FOESMAN, KATHLEEN M 5650 S.W. 106TH AVENUE FORT LAUDERDALE FL</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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Name Street Address (P.O. Box Number is Not Acceptable) City	State: <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME: PD FORESMAN, KATHLEEN M STREET ADDRESS: 5650 S.W. 106TH AVENUE CITY- ST- ZIP: FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000676540 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/30/07-80065-015 150.00
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen M Foresman      Date: 3/19/07      Dying Phone #: 954-434-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Dying Phone #