

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 011 ***150.00



DOCUMENT # P96000016302

1. Entity Name

CAMEO FARMS SOUTH, INC.

Principal Place of Business

5650 S.W. 106TH AVENUE
 FORT LAUDERDALE FL

Mailing Address

5650 S.W. 106TH AVENUE
 FORT LAUDERDALE FL



2. Principal Place of Business - No P.O. Box #
 5650 SW 106 Ave

3. Mailing Address
 5650 SW 106 Ave

1st MOORE CR2E034 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 FT. LAUDERDALE FL

City & State
 FT LAUD, FL

4. FEI Number
 65-0735067

Applied For
 Not Applicable

Zip
 33328

Country
 Broward

Zip
 33328

Country
 Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOESMAN, KATHLEEN M
 5650 S.W. 106TH AVENUE
 FORT LAUDERDALE FL

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, typed or printed name of the filing agent and title. If applicable.

NOTE: Registered Agent certification requirement when filing a report.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD FOESMAN, KATHLEEN M 5650 S.W. 106TH AVENUE FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 Foesman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

954-434-2746

DATE

DATE OF FILING