

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083274

**Entity Name:** CAMAJI INC.

**Current Principal Place of Business:**

5959 COLLINS AVENUE  
APT. 802  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5959 COLLINS AVENUE  
APT. 802  
MIAMI BEACH, FL 33140 US

**FEI Number:** 98-1023605

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name PENA, GUSTAVO A  
Address 5959 COLLINS AVENUE  
APT. 802  
City-State-Zip: MIAMI BEACH FL 33140

Title PD  
Name PENYY, MARTHA  
Address 5959 COLLINS AVENUE  
APT. 802  
City-State-Zip: MIAMI BEACH FL 33140

Title TD  
Name VETANCOURT, PATRICIA  
Address C/O 355 ALHAMBRA CIRCLE  
SUITE 801  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTHA PENYY

**PRESIDENT**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date