

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 479668**

1. Entity Name  
**CAMARO FARMS, INC.**



Principal Place of Business  
**135 BACOM POINT ROAD  
PAHOKEE, FL 33476 US**

Mailing Address  
**P O BOX 637  
PAHOKEE, FL 33476 US**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1606902**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NOWICKI, MARK J  
480 MAPLEWOOD DR  
SUITE 2  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	HATTON, ROGER
STREET ADDRESS	221 RIDGEWOOD AVE
CITY - ST - ZIP	CLEWISTON, FL 33440
TITLE	VSD
NAME	ALLEN, PAUL
STREET ADDRESS	13348 HWY 441 NORTH
CITY - ST - ZIP	CANAL POINT, FL 33438
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/08-80023-016 577.50

**DO NOT WRITE  
IN THIS SPACE**

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 officers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Allen 4/11/08 561-924-2455**

Date

Daytime Phone #