

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90127 001 *****8.75

07-11-2005 90127 002 ***150.00

DOCUMENT # F04000000299

1. Entity Name

**AGENTE DE CAMBIO CARIBBEAN AIR MAIL (CAM) S.A.
(CORP)**



Principal Place of Business

**9425 SW SUNSET DR, STE 249
MIAMI, FL 33173**

Mailing Address

**9425 SW SUNSET DR, STE 249
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIERICKX, PASCAL
9425 SW SUNSET DR, STE 249
MIAMI, FL 33173**

**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
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

**TITLE CP
NAME JULES PIERRE DIERICKX SR
STREET ADDRESS DELMAS 60, RUE COUTILIEN INPASSE FLEURY #4
CITY-ST-ZIP PORT AV PRINCE HAITI,**

**TITLE VCP
NAME DIERICKX, PASCAL
STREET ADDRESS 18 TURTLE WALK KEY BISCAYNE
CITY-ST-ZIP MIAMI, FL 33149**

**TITLE DS
NAME JULES PIERRE DIERICKX JR
STREET ADDRESS 9615 SW 118 ST
CITY-ST-ZIP MIAMI, FL 33176**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASCAL DIERICKX

7/7/05 305-598-0400

Date

Daytime Phone #