

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000299

FILED  
Mar 20, 2007  
Secretary of State

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

**Current Principal Place of Business:**

9425 SW SUNSET DR  
STE 249  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9425 SW SUNSET DR  
STE 249  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

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

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DIERICKX SR, JULES PIERRE  
Address: DELMAS 60, RUE COUTILLEN INPASSE FLEURY #4  
City-St-Zip: PORT-AU-PRINCE HAITI, -- 00000

Title: VCVP ( ) Delete  
Name: DIERICKX, PASCAL  
Address: 18 TURTLE WALK KEY BISCAYNE  
City-St-Zip: MIAMI, FL 33149

Title: DS ( ) Delete  
Name: DIERICKX JR, JULES PIERRE  
Address: 9615 SW 118 ST  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEX VALME

CM

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date