

2005 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # G04033

1. Entity Name
CAMBAS INVESTMENTS, INC.



FILED

05 MAY -9 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2045 LAWSON ROAD
CLEARWATER, FL 34623

Mailing Address
160 S. ROUTE 17 NORTH
PARAMUS, NJ 07652 US

2. Principal Place of Business
16691 US 19 North

3. Mailing Address
16691 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04042005 Chg-P CR2E034 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-2887497

Applied For
Not Applicable

Zip 33764

Country USA

Zip 33764

Country USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name Thomas Gahan

Street Address (P.O. Box Number is Not Acceptable)

16691 US 19 North

City Clearwater

FL

Zip Code 33764

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

Thomas Gahan

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSTD ☒ Delete
NAME KINNEAR, ROSS
STREET ADDRESS 160 S. ROUTE 17 NORTH
CITY-ST-ZIP PARAMUS, NJ 07652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/C/D ☒ Change ☐ Addition
NAME Cullan F. Meathe
STREET ADDRESS 645 Griswold, Suite 2202
CITY-ST-ZIP Detroit, MI 48226

TITLE ☐ Change ☒ Addition
NAME Daniel Ret
STREET ADDRESS 24957 Brest Road
CITY-ST-ZIP Taylor, MI 48180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel Ret, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/16