

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21118

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: CAMAR ENTERPRISES, INC.

**Current Principal Place of Business:**

6541-3 POWERS AVE.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2988 STARSHIRE CV  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

6541-3 POWERS AVE  
JACKSONVILLE, FL 32217 US

FEI Number: 59-2457421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEZ, ELISEO  
2988 STARSHIRE CV  
JACKSONVILLE, FL 32257 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: P ( ) Delete  
Name: MARTINEZ, ELISEO,  
Address: 6541 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL

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

Title: P (X) Change ( ) Addition  
Name: MARTINEZ, ELISEO,  
Address: 6541-3 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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: ELISEO MARTINEZ

P

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date