

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90087 034 \*\*\*150.00

**DOCUMENT # K81549**

1. Entity Name  
CAMILLO, SNOWDEN & DE ALMEIDA, P.A.



Principal Place of Business  
221 W. OAKLAND PARK BLVD.  
FT LAUDERDALE, FL 33311

Mailing Address  
221 W. OAKLAND PARK BLVD.  
FT LAUDERDALE, FL 33311



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0122857

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**

CAMILLO, JOHN M.  
221 W. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33311

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CAMILLO, JOHN M.
STREET ADDRESS	221 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	De Almeida, Douglas
NAME	221 W. Oakland Park Blvd.
STREET ADDRESS	FT. Lauderdale, FL 33311
CITY-ST-ZIP	
TITLE	Snowden, Michael
NAME	221 W. Oakland Park Blvd
STREET ADDRESS	FT. Lauderdale, FL 33311
CITY-ST-ZIP	
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 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 other like empowered.

SIGNATURE: John M. Camillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 954-565-3398

Date

Daytime Phone #