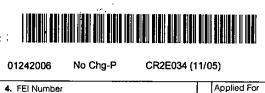
2006 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # K81549** 1. Entity Name CAMILLO, SNOWDEN & DE ALMEIDA, P.A. Principal Place of Business Mailing Address 221 W. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311 221 W. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311

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

02-27-2006 90087 034 ***150.00



Not Applicable

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

65-0122857

			l		Г	ee Required	
6. Name and Address of Current Registered Agent		للد تبيات زياد وي	e same	ನಡ್ಡು ಎ.ಜ್ಯಾಂಡ್	Security was UI	je lyzár, á,	# చింది.
CAMILLO, JOHN M. 221 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311		5 mm	•. •		WRITE SPACE		r i g
*					JFAGL		6
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	red office or r	egistered agent,	or both, in the Sta	ite of Florida. I am fa	miliar with, and	accept
CICALITUDE	e e e e e e e e e e e e e e e e e e e	المراجع المراجع					
SIGNATURE	if applicable. (NOTE: Register)	ed Agent signature	required when reinstat	ing)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May I Added to Fees		* * * * * * * * * * * * * * * * * * * *	· - · · · · · · · · · · · · · · · · · ·	
10. OFFICERS AND DIRE	CTORS					1 1 1 1 1 1	
INTLE D NAME CAMILLO, JOHN M. STREET ADDRESS CITY-S1-ZIP FORT LAUDERDALE, FL 33311		A STATE OF THE STA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP REAL A M CIDA, Douglas Benk. REAL PLANE BENK. FT. Landulde, FE 33311							
NAME STREET ADDRESS CITY-ST-ZIP Thousand Michael All W. Catklow Touck Thousand ale, fil 23			D	O NOT	WRITE	the second second	≈ ° - ≤
TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	N THIS	SPACE		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s					•
TITLE; NAME STREET ADDRESS CITY-ST-ZIP	Markette state of the state of				a registration		
I hereby certify that the information supplied with this findicated on this report or supplemental reports true.	iling does not qualify for the ex and accurate and that my signa	emptions cor ture shall hav	ntained in Chapte ve the same legal	r 119, Florida Sta effect as if made	tutes. I further certify under oath; that I am	that the inform	ation rector

ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered. changed, or on an attachment

SIGNATURE

OFFICER OR DIRECTOR

John M. Camillo

2/13/06 954-565-33988