

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M60438</b> 1. Entity Name <b>KAMOPAMI, INCORPORATED</b>					
Principal Place of Business <b>13475 SW 72 CT</b> <b>MIAMI FL 33156</b> <b>US</b>				Mailing Address <b>13475 SW 72 CT</b> <b>MIAMI FL 33156</b> <b>US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILOSLAVIC, MIGUEL</b> <b>13475 SW 72 CT</b> <b>MIAMI FL 33156</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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				DATE	
Signature, typed or printed name of registered agent and title if applicable <i>(Signature)</i>				(NOTE: Registered Agent signature required when reinstating) 4/22/05	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILOSLAVIC, MIGUEL</b>		NAME		
STREET ADDRESS	<b>13475 SW 72 CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33156</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 amended filing.					
SIGNATURE:			DATE		
<i>(Signature)</i> <b>MIGUEL MILOSLAVIC</b> <b>President of Kamopami, Inc.</b> <b>Managing Partner of</b> <b>Local Enterprises S.V.</b>			4/22/05 (305) 233-3731		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0007902** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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SIGNATURE: DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #