2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90101 019 ****61.25

DOCUMENT # N01000003369

1. Entity Name
CAMINN, INC.

14U1b13Z

Principal Place of Business	Mailing Address
1690 N.W. 195TH STREET MIAMI, FL 33169	1690 N.W. 195TH STREET MIAMI, FL 33169

04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107407
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAKEH, RALPH
1690 N.W. 195TH STREET
MIAMI, FL 33169

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] RALPH TAKEH 4/28/5
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAKEH, RALPH
STREET ADDRESS	1690 N.W. 195TH STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	TAKEH, JUSTINA TAKEH, JUSTINA
STREET ADDRESS	1690 NW 195TH ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VPD
NAME	MAH, QUINTA
STREET ADDRESS	1690 NW 195TH ST
CITY-ST-ZIP	MIAMI, FL 33169
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 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 617, 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: [signature] RALPH TAKEH 4/28/5 305 620-4328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #