FOR PROFIT CORPORATS UNIFORM BUSINESS REPORT		FILED
DOCUMENT # ρ000000 20402		02 AUG 19 AM 11: 11
Comara Profile		SECRETARY OF STATE FALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS S	PACE	4000072875442 ; -08/22/0201059021 ****150.00 ****150.00
2. Principal Place of Business 3. Mailing Address		*****130.00 ****130.00
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State		4. FEI Number Applied For Not Applied be
Zip Country Zip	Country	5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required
25242 Becaus		7. Name and Address of Current Registered Agent
The second second was the second or the second of the seco	Name	015-Rojas
DO NOT WRITE		(P.O. Box Number is Not Acceptable)
IN THIS SPACE	2031	, , , , , , , , , , , , , , , , , , ,
	City Pla	ntation FL THE SPORE SO
8. The above named entity submits his statement (or the purpose of changing its		33330
the above named entity submitts this statement to integrate post of changing its	registered office of registe	and agon, or born, in the didae of tronds.
SIGNATURE Signature, Typed or punied name of registered agent applicable. (NOT	T. D. idea d'Arret de la company	8 N3 3007
1	E: Registered Agent signature require	u wrien reinstanig) - DALC
Tax filling requirement and elegis to do so.	1, Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
(See criteria on back) Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS	TITLE	
Los & Rolas	NAME	CR2E034B (12/01)
STREET ADDRESS 1283 0. W. 106 Temace	STREET ADDRESS	88
CITY-SI-ZIP Plantation, FC 33302	TITLE	
NAME	NAME	8
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY~ST~ZIP	
TITLE NAME	TITLE NAME	
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CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	•

13. 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 for trustee empowered as execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

8 112 2002 (954) 475-7757 Derime Prone # Attachmentt

Pedro Enrique Soria

<u>Notary Public & Accountant</u> <u>psoria@bellsouth.net</u> Ph/ (954) 455.0701 Fax (954) 455.2911 Since 1989
Microsoft ATC
www.assoc-business.com
600 W. Hallandale Bch. Blvd. # 6
Hallandale, FL 33009

July 17, 2002

State of Florida Uniform Business Report Division Of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Ref: Doc.#00000020402

Dear Sirs:

Enclose is the copies of the certificate of mailing (April 30, 2002) and the check for \$150.00 for The Uniform Business Report of my client CAMARA PRO, INC. for year 2002.

Also I taking this opportunity to CONFIRM THE BUSINESS ADDRESS is: $1283~\text{NW}~106^{\text{TH}}$ Terrace, Plantation, FL 33322 and phone: (954) 475.7757.

Please accept Corporation Reinstatement and void extra charges because we mailed on time the 2002 Uniform Business Report (UBR), if you may have any question please contact me.

Sincerely,

Rodro E Soria Accountant