

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000061096		
1. Entity Name CAMINO PARK, INC.		
Principal Place of Business 5318 EDGEWATER DRIVE ORLANDO, FL 32810-5215	Mailing Address 5316 EDGEWATER DR ORLANDO, FL 32810-5215	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MASTRAPA, ARNALDO 5318 EDGEWATER DR ORLANDO, FL 32810		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)		
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	DP	
NAME	MASTRAPA, ARNALDO	
STREET ADDRESS	1854 GRANGE CIR	
CITY- ST- ZIP	LONGWOOD, FL 32750	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <u>Arnaldo MASTRAPA</u> <u>04/21/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3663839

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

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**