

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90017 016 \*\*\*150.00

**DOCUMENT #** P00000068130  
**1. Entity Name**  
CAMILLE GALINDO, INC.

24078185

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
12500 NE 15th AVE.  
**3. Mailing Address**  
Suite, Apt. #, etc. # 616  
**City & State** North Miami, FL  
**Zip** 33161 **Cour.** MIAMI DADE

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-1030774  
**Applied For**  
☐ **Not Applicable**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** CAMILLE GALINDO  
**Street Address (P.O. Box Number is Not Acceptable)** 12500 NE 15th AVE. # 616  
**City** NORTH MIAMI **FL** **Zip Code** 33161

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.

**SIGNATURE** *Camille Galindo* **7/15/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT / DIRECTOR CAMILLE GALINDO 12500 NE 15th AVE. # 616 NORTH MIAMI, FL 33161	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 or trustee empowered to 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.**

**SIGNATURE:** *Camille Galindo* **7/15/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)

Attachment  
24078188  
# P00000068130

JULY 15, 2004

CAMILLE GALINDO, INC.  
12500 NE 15th AVE # 616  
NORTH MIAMI, FL 33161  
P00000068130  
65-1030774

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2004 ANNUAL REPORT FOR  
OUR COMPANY AND THE \$150.00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO  
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER  
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE  
FILED AT THIS TIME WITHOUT A PENALTY". THANK YOU VERY  
MUCH.

VERY TRULY YOURS,  
CAMILLE GALINDO, INC. .

  
CAMILLE GALINDO, PRESIDENT