

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

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 011 ***150.00

DOCUMENT #

P00- 000068130

1. Entity Name

CAMILLE GALINDO, INC.

DO NOT WRITE IN THIS SPACE

40098890

2. Principal Place of Business

3. Mailing Address

2100 SANS SOUCI BLVD.

Suite, Apt. #, etc.

Apt. #, etc.

1402

City & State

N. MIAMI, FL

City & State

4. FEI Number

65-1030774

Applied For

Not Applicable

Zip

33181

Country

MIAMI

DADE

Zip

Country

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)

2100 SANS SOUCI BLVD

1402

City

N. Miami

FL

Zip Code

33181

**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.

SIGNATURE

Camille Galindo

(NOTE Registered Agent signature required when reinstating)

JUL 0 6 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR CAMILLE GALINDO 2100 SANS SOUCI BLVD. # 1402 N. MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

CAMILLE GALINDO

PRES.

JUL 0 6 2006
305 895-7866

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40098890

JULY 6, 2006

CAMILLE GALINDO, INC. .
2100 SANS SOUCI BLVD. # 1402
N. MIAMI, FL 33181
P00-000068130
65-1030774

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

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION ANNUAL REPORT
FOR 2006.

THIS FORM WAS NOT FILED PRIOR TO MAY 1st 2006
BECAUSE [WE NEVER RECEIVED THE RENEWAL IN THE MAIL.]

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD
ALLOW THE FORM TO BE FILED NOW WITHOUT A PENALTY". ENCLOSED IS
A CHECK FOR \$ 150.00.

THANK YOU.

VERY TRULY YOURS,
CAMILLE GALINDO, INC.



By: CAMILLE GALINDO, PRESIDENT