

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000004766  
FILED

03 JUL 10 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**55050514**

DOCUMENT # P01000004766

1. Entity Name  
**CAMAGRA, INC.**



Principal Place of Business  
**305 MAGNOLIA AVE.  
AUBURDALE FL 33823**

Mailing Address  
**305 MAGNOLIA AVE.  
AUBURDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0997336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7/3/03 90171 001 150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, EMERY V  
305 MAGNOLIA AVE.  
AUBURDALE FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MILES, EMERY V**  
STREET ADDRESS **305 MAGNOLIA AVE.**  
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PALACIO, JOHN L**  
STREET ADDRESS **11231 NW 33RD ST.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

**SIGNATURE OF MILES, EMERY V**

7/1/03

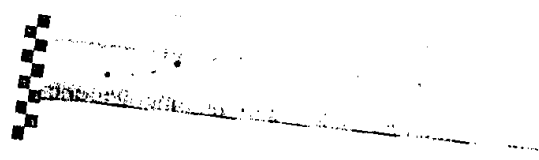
863 965-1563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)



Fla. Department of State  
Attention Justin Shivers

7-11-03

Justin,  
The Reason for my late Filing  
OF Corp. Pol000004766 And Corp F09275  
was due to my oldest son being injured in Pa.  
And also I have multiple Scleros and  
was in the Hospital for a couple of  
weeks

I'm so sorry I missed the  
Filing Date And was late

Thanks for your help.

Sincerely yours

Emey V. Miles