

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094484

1. Entity Name
CAM TREES, CORP.



FILED
Apr 11, 2005 08:00 AM
Secretary of State

Principal Place of Business
2900 SW 148TH AVENUE
DAVIE, FL 33331

Mailing Address
2900 SW 148TH AVENUE
DAVIE, FL 33331



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1143492

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRESCHAN, CLAUDIA
2900 SW 148TH AVENUE
DAVIE, FL 33331

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TRESCHAN, CLAUDIA
STREET ADDRESS 2900 SW 148TH AVENUE
CITY-ST-ZIP DAVIE, FL 33331

TITLE D
NAME AGRAS, ALFREDO
STREET ADDRESS 2900 SW 148TH AVENUE
CITY-ST-ZIP DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Claudia Treschan Claudia Treschan

4/8/05

(954) 577-8025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #