

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # P02000005346

1. Entity Name

CAMSAT ENTERPRISES, INC.



Principal Place of Business

18470 SOUTHWEST 4TH STREET  
PEMBROKE PINES, FL 33029

Mailing Address

18470 SOUTHWEST 4TH STREET  
PEMBROKE PINES, FL 33029



01142006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3588100

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KROHN, MARIA R  
18470 SW 4TH STREET  
PEMBROKE PINES, FL 33029

**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, 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	PSTD
NAME	KROHN, MARIA R
STREET ADDRESS	18470 SOUTHWEST 4TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	TD
NAME	KROHN, SIDNEY
STREET ADDRESS	18470 SOUTHWEST 4TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000396202  
01/27/06-80022-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*X Maria R. Krohn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #