


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000005346 1. Entity Name CAMSAT ENTERPRISES, INC. |  |
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| Principal Place of Business 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029 | Mailing Address 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029 |
|---|---|



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 04-3588100 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

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| 5. Name and Address of Current Registered Agent KROHN, MARIA R 18470 SW 4TH STREET PEMBROKE PINES, FL 33029 |
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000608771
02/01/07-80023-010 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD KROHN, MARIA R 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KROHN, SIDNEY 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029 |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Maria R Krohn MARIA R. KROHN 1-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #