

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000015343					
1. Entity Name CAMICLAUD CORP.					
Principal Place of Business 12401 S.W. 99TH ST. MIAMI, FL 33186			Mailing Address 12401 S.W. 99TH ST. MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 47-0882668	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAUL M 12401 S.W. 99TH ST. MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
RODRIGUEZ, RAUL M 12401 S.W. 99TH ST. MIAMI, FL 33186				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, RAUL M 12401 S.W. 99TH ST. MIAMI, FL 33186		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ, SANDRA 12401 S.W. 99TH ST. MIAMI, FL 33186		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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 empowerments.			U00000248061 03/02/05-80014-017 158.75		
SIGNATURE: <i>Raul Rodriguez</i>			Date: <i>2/25/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Days/Phone #		