2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000082069

Entity Name: CAME GROUP, INC.

Current Principal Place of Business:

1047 NANDINA DR.
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1047 NANDINA DR.
WESTON, FL 33327

New Mailing Address:

1860 N. PINE ISLAND RD
SUITE 109
PLANTATION, FL 33322

FEI Number: 22-3862589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURMAN, ABI
1431 BLUE JAY CIR.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

LEVY, CLAUDE
1047 NANDINA DR
WESTON, FL 33327 US

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.

SIGNATURE: CLAUDE LEVY 04/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FURMAN, ABI
Address: 1431 BLUE JAY CIR.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: NUDELMAN, MICHEL
Address: 866 LAVANDER CIR.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: LEVY, CLAUDE
Address: 1047 NANDINA DR.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: LEVY, ELLIOT
Address: 1563 SANDPIPER CIR.
City-St-Zip: WESTON, FL 33327

Title: P ( ) Delete
Name: EISENSTEIN, SUSY
Address: 1047 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LEVY D 04/21/2005
Electronic Signature of Signing Officer or Director Date