2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000110155 1. Entity Name

FILED Apr 09, 2003 8:00 am § Secretary of State

04-09-2003 90173 023 ***150.00

KAMILA ENTERPRISES, INC.						/		
Principal Place 1502 NW 1ST MIAMI FL 331		Mailing Address 1502 NW 1ST COURT MIAMI FL 33136				- I INDISTRUI FIL DOJIN ISRII NAIJI NAIJI NAIDI SINDI HIRII DOSDE IJANI DIJUL AKU ISRI		
2. Principal F	Place of Business	3. Ma	iling Address					
College And House		Suite, Apt. #, etc.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State		City & State				4. FELNumber 0892-059 Applied For Not Applicable		
Zip	Country	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Currer					7. Name and Address of New Registered Agent		
RAHME, HAMDO 👙				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL	33136			City		FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.01		olicable. (NOTE:	Registered Agent signature	required	9. Election Campaign Financing \$5.00 May Be		
	k Payable to Florida Department					Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	D DIRECTO		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAHME, HAMDO 1502 NW 1ST COURT MIAMI FL 33136		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ر Charige کی Adullion ر		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition :		
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
12. I hereby of indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver of trustee em	th this filing is true and powered to	does not qualify for accurate and that me execute this report a	the exemption stated y gnature shall have required by Chapte	in Sec e the s er 607,	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

indicated on this report or supplemental report is true of the corporation or the receiver of trustee empower changed, or on an attachment with an address with SIGNATURE:

Daytime Phone #