

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91203 027 \*\*\*150.00

UNIFORM AV

**DOCUMENT # P02000131418**

1. Entity Name  
**CAMAN, INC.**



Principal Place of Business  
C/O MICHAEL WEISS & ASSOC. P.A.  
1401 BRICKELL AVENUE - SUITE 300  
MIAMI FL 33132

Mailing Address  
C/O MICHAEL WEISS & ASSOC. P.A.  
1401 BRICKELL AVENUE - SUITE 300  
MIAMI FL 33132



2. Principal Place of Business  
**2955 NE 190th Street**  
Suite, Apt. #, etc.  
**103**

3. Mailing Address  
**2955 NE 190th Street**  
Suite, Apt. #, etc.  
**103**

CHECK HERE IF MAKING CHANGES

City & State  
**AVENTURA FL 33180**

City & State  
**AVENTURA FL 33180**

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEISS, MICHAEL N ESQ.**  
**1401 BRICKELL AVENUE**  
**SUITE #300**  
**MIAMI FL, 33131**

7. Name and Address of New Registered Agent

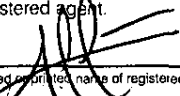
Name  
**ALAN FRIEDMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2955 NE 190th STREET**

**APT 103**

City  
**AVENTURA** **FL** Zip Code  
**33180**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEISS, MICHAEL N</b>
STREET ADDRESS	<b>C/O 1401 BRICKELL AVENUE #300</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN FRIEDMAN</b>
STREET ADDRESS	<b>2955 NE 190th STREET APT 103</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE:  **SIGNATURE ALAN FRIEDMAN - PRESIDENT** 02/04/2003 305-9312419

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)