

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 019 ***150.00

DOCUMENT # P03000019109

1. Entity Name
CAM INDUSTRIES, INC.



Principal Place of Business
3813 SW 165 TERRACE
MIRAMAR, FL 33027

Mailing Address
3813 SW 165 TERRACE
MIRAMAR, FL 33027

44013606



2. Principal Place of Business
3300 W. 84th Street.
Suite, Apt. #, etc.
Bay # 17.
City & State
Hialeah, FL
Zip
33018
Country
U.S.A.

3. Mailing Address
3300 W. 84th Street
Suite, Apt. #, etc.
Bay # 17.
City & State
Hialeah, FL
Zip
33018
Country
USA

03042004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0507097
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARROM, ORLANDO
3813 SW 165 TERRACE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name
Arrom, Orlando
Street Address (P.O. Box Number is Not Acceptable)
3300 W. 84th St.
Bay # 17
City
Hialeah
FL Zip Code
33018

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANTECON, CARL	
STREET ADDRESS	3813 SW 165 TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANTECON, ALICIA	
STREET ADDRESS	3813 SW 165 TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" 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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL MANTECON

Date

Daytime Phone #

4/13/04 305-231-3303