
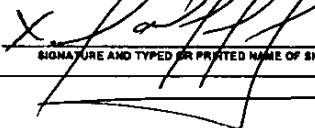


FILED
Mar 21, 2008 8:00 am
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2008 90023 049 ***150.00

DOCUMENT # P03000020539					
1. Entity Name CAOMA CORP.					
Principal Place of Business 1350 E VINE STREET KISSIMMEE, FL 34744			Mailing Address 1350 E. VINE STREET KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANS, CARLOS E 1350 E VINE STREET KISSIMMEE, FL 34744				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANS, CARLOS E		NAME	1350 E VINE ST	
STREET ADDRESS	14316 COLONIAL GRAND BLVD, APT. 3109		STREET ADDRESS	KISSIMMEE, FL 34744	
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANS, OMAIRA		NAME	1350 E VINE ST	
STREET ADDRESS	14316 COLONIAL GRAND BLVD, APT. 3109		STREET ADDRESS	KISSIMMEE, FL 34744	
CITY - ST - ZIP	ORLANDO, FL 32837		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.					
SIGNATURE: 		2/25/08		407-870-9423	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66004640



02252008 Chg-P CR2E034 (12/06)

4. FEI Number 86-1050787 Applied For Not Applicable

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

FL Zip Code

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1350 E VINE ST	
STREET ADDRESS	KISSIMMEE, FL 34744	
CITY - ST - ZIP		

SIGNATURE:  2/25/08 407-870-9423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #