


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000049318		
1. Entity Name KAMEL INDUSTRIES, INC.		

Principal Place of Business 8809 NW 148 TER MIAMI LAKES, FL 33018	Mailing Address 8809 NW 148 TER MIAMI LAKES, FL 33018
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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

6. Name and Address of Current Registered Agent	
OTHMAN, ABDEL KARIM 8809 NW 148 TER MIAMI LAKES, FL 33018	


7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTHMAN, ABDEL KARIM	NAME	REINSTATEMENT	
STREET ADDRESS	8809 NW 148 TER	STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33018	CITY-ST-ZIP		
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARGAS, ALBA C	NAME		
STREET ADDRESS	8809 NW 148 TER	STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33018	CITY-ST-ZIP		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 all other like empowered.

SIGNATURE: <i>Abdel Karim Othman</i>	DATE: _____	Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED
2007 JUL 23 AM 10:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA
02-16-06 90026 014 150.00
04-19-07 90178 043 150.00


07202007	Chg-P	CR2E034 (12/06)
4. FEI Number 54-2119335	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
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SIGNATURE: <i>Abdel Karim Othman</i>	DATE: _____	Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

KAMEL INDUSTRIES, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER ALONG WITH THE CORRECTED UBR FORM. I NEVER RECEIVED THE REJECTED LETTER FROM YOUR OFFICE.

PLEASE UP-DATE MY COMPANY AS SOON AS POSSIBLE

CORDIALLY,


ABDEL KARIM OTHMAN
PRESIDENT