


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/4/2007-90044-009-\$50.00-\$50.00

FILED

07 SEP 26 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000019938 1. Entity Name INVERSIONES CAMVEL, INC.	
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Principal Place of Business 10865 SW 135 TER MIAMI, FL 33176	Mailing Address 10865 SW 135 TER MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



08202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0704876	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CAMPUZANO, OSCAR E 10865 SW 135 TER MIAMI, FL 33176

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IN THIS SPACE**

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 remaining) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CAMPUZANO, OSCAR E 10865 SW 135 TER MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VILLER, GLORIA E 10865 SW 135 TER MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>[Handwritten signature]</i>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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10/02/07--01040--010 **100.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Handwritten signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #