

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000035106	
1. Entity Name CAMCITA BRANDS, INC.	
Principal Place of Business 1707 NW 91 AVE PLANTATION, FL 33322	Mailing Address 1707 NW 91 AVE PLANTATION, FL 33322



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1639255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WELCH, NORMAN
1707 NW 91ST AVE
PLANTATION, FL 33322**

**DO NOT WRITE
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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PETRONI WELCH, CARMEN 1707 NW 91 AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELCH, NORMAN ARTHUR 1707 NW 91 AVE PLANTATION, FL 33322
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05/11/07-80081-007 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #