## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 28, 2008 8:00 am Secretary of State

DOCUMENT # P04000047205  1. Entity Name C MER INC									03-28-2008 9	900 <b>3</b> 6 014	4 ***150.0	)0
Principal Place of Business 5653 SW 149 AVE				Mailing Address 5653 SW 149 AVE				40023112				
MIAMI, FL 33	3193		M	IAMI, FL 33193		•		 			<b>78   1   118   FB   81   1</b>	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03142008	Chg-P	CR2E	034 (12/06)	
City & State			(	City & State				4. FEI Number 56-244				pplied For ot Applicable
Zip		Country		Zip 	Coun	try		ļ., <u>.</u>	of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent						Nome	_	7. Name and	Address of New	Registered	Agent	
CAMEJO, I	LUIS					Name Cama	cho	o, Rafa	el			
5898 NW 7 ST MIAMI, FL 33126						Street Add	lress (	P.O. Box Numb	er is Not Acceptal	ole)		
				_	5653 SW 149 Ave Wiami ed office from tereor agent, or both, in the State of			FL   z̄n 3 q q 5 q q q 5 q q q 5 q q 5 q q q 5 q q q 5 q q q 5 q q q 5 q q q 5 q q q 5 q q q q 5 q q q q 5 q q q q 5 q q q q 5 q q q q q q q 5 q				
<u>-</u>					$\searrow$	Wiam	<del>1</del>	~			- 331	93
		y submits this statemer tered agent.	nt for the p	ourpose of changing it	s psister	ed office pro-		ed agent, or bo	th, in the State of	Florida. I an	n familiar with	, and accept
	OAFA	L CAHA	cita		W/X	W"/		_		2/2	4/08	
SIGNATURE	Signature, typed	or printed name of registered a	gent and title	if applicable. (NO	E: Régistere	d Cent signature	required	d when reinstating)		DATE	1 4	<del></del> -
				<del>/</del>	/\/							
FILI After Ma	E NOW!!! sy 1, 200	FEE IS \$150.00 8 Fee will be \$55	50.00	9. Election Carrie Trust Fund Cor		nding		.00 May Be led to Fees				
10.		OFFICERS A	ND DIREC	CTORS	11.			ADDITIONS	CHANGES TO O	FFICERS AN	ID DIRECTOR	IS IN 11
TITLE	P	` . <del>.</del>		☐ Delete	TITL						Change	Addition_
NAME Street Address	CAMACH 5653 SW	IO, RAFAEL			NAM	ie Eet address						
CITY-ST-ZIP	MIAMI, FI					-ST-ZIP						•••
TITLE	D			Delete	TITL	E	-				☐ Change	Addition-
NAME '-	CAMACH	IO, LILIAM			NAM	KE .						_
STREET ADDRESS	5653 SW					ET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	L 33193			_	- ST - ZIP						
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NAME STREET ADDRESS					NAN STRI	EET ADDRESS						
CITY-ST-ZIP			,			-ST-ZIP						
12. I hereby	ertify that th	ne information sypplied	with tis	ityg does not qualify	for the ex	emptions cor	ntaine	d in Chapter 11	9, Florida Statutes	s. I further co	ertify that the	information
indicated of the cor changed,	on this repo poration or t or on an att	ne information supplied ort or supplemental repo he receiver of trustee e achment vignar addit	ortistrue emprever samme	end accurate and that d to execute this repo to ther like empowere	t my signa rt as requ d.	iture shall hav ired by Chapt	e the ter 60	same legal effe 7, Florida Statut	ct as it made unde es; and that my na	er oath; that ame appears	am an office in Block 10 o	r or director or:Block:11:1f1

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR