2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State
05-02-2005 90396 046 ***158.75

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1. Entity Name
CAMILA PRODUCTIONS INC

66023584

04222005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~7391 SW 78 CT~~ ~~MIAMI, FL 33143~~	~~7391 SW 78 CT~~ ~~MIAMI, FL 33143~~
2. Principal Place of Business: c/o 6185 SW 97 AVE	3. Mailing Address: c/o 1200 BRICKELL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.: SUITE 900
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33173 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 36-4553244 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISLAS, JUAN M
7391 SW 78 CT
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: AGI REGESTERED AGENTS
Street Address (P.O. Box Number is Not Acceptable): 1200 BRICKELL AVE SUITE 900
City: MIAMI FL Zip Code: 33131

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] President 6/15/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ISLAS, JUAN M 7391 SW 78 CT MIAMI, FL 33143	☐ Delete	PSD ISLAS, JUAN MAURICIO C/O 6185 SW 97 AVE MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LAHMANN, PATRICIA C 7391 SW 78 CT MIAMI, FL 33143	☐ Delete	VTD VILLASANA LAHMANN, PATRICIA C/O 6185 SW 97 AVE MIAMI FL 33173	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #