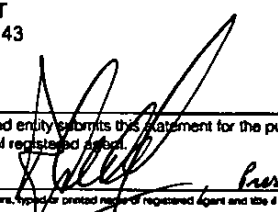
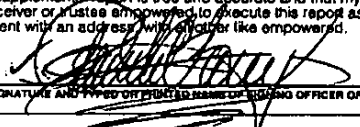


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-02-2005 90396 046 ***158.75

DOCUMENT # P04000067245			
1. Entity Name CAMILA PRODUCTIONS INC			
Principal Place of Business 7391 SW 78 CT MIAMI, FL 33143		Mailing Address 7391 SW 78 CT MIAMI, FL 33143	
2. Principal Place of Business 40 6185 SW 97 AVE		3. Mailing Address 40 1200 BRICKELL AVE	
Suite, Apt. #, etc. SUITE 900		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 REGISTERED 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, typewritten printed name of registered agent and title if applicable.		DATE 6/15/05 (NOTE: Registered Agent signature required when renewing)	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ISLAS, JUAN MAURICIO 40 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VILLASANA LAHMANN, PATRICIA 40 6185 SW 97 AVE MIAMI FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 officer like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		DATE 6/23/05 Date Daytime Phone #	

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