

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 24, 2006  
Secretary of State**

DOCUMENT# P04000097906

Entity Name: CAM PRODUCTS CORP.

**Current Principal Place of Business:**

13375 SW 128 STREET  
SUITE 108-A  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13375 SW 128TH STREET  
SUITE 108-A  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-1307487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COJULUN, JOSE R  
13375 SW 128TH STREET  
SUITE 108-A  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CUJULUN, JOSE R  
Address: 13375 SW 128 STREET, 108-A  
City-St-Zip: MIAMI, FL 33186

Title: VTD (X) Delete  
Name: MENCOS, CARLOS R  
Address: 13375 SW 128 STREET, 108-A  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE COJULUN

PSD

07/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date