FILED
Jun 15, 2005 8:00 am
Secretary of State

4/2

04-29-2005 90233 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000098019

1. Entity Name
LINO ANTONIO CAMPS INC

66023081

04202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7335 S.W. 37 STREET MIAMI, FL 33155	7335 S.W. 37 STREET MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
121 SW 113 Ave	121 SW 113 Ave
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Miami	City & State Miami
Zip 33174 Country FL	Zip 33174 Country FL

4. FEI Number 20-1306541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPS, LINO A
7335 S.W. 37 ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name Camps Lino Antonio
Street Address (P.O. Box Number is Not Acceptable) 121 SW 113 Ave #102
City Miami Fla FL Zip Code 33174

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 Lino A. Camps
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	P CAMPS, LINO A 7335 S.W. 37 STREET MIAMI, FL 33155	☐ 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 all other like empowered.

SIGNATURE: Lino A. Camps 4/22/05 (305) 2231671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #