2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 21, 2007 8:00 am Secretary of State 05-21-2007 90048 019 ***150.00 DOCUMENT # P04000133410 CAMARE CONSTRUCTION, CORP. 40116732 Mailing Address 3777 SW 152 PLACE 6320 SW 138 Cf. 3777 SW 152 PLACE MIAMI, FL 33185 MIAMI, FL 33185 Miami, FL 03312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1648524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAMARE, IVAN R 3777 CW 152 PLACE MIAMI; FL-33185 IN THIS SPACE 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. the obligations of registered (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 6920 SW 138 C+ TITLE CAMARE, IVAN R NAME 3777 SW 152 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of the corporation or the rece changed, or on an attachmen

STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED