


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 005 \*\*\*150.00

<b>DOCUMENT # P05000022074</b>	
1. Entity Name <b>CAMP TRANSPORT INC.</b>	

Principal Place of Business <b>2876 NORTHWEST 55TH AVENUE, UNIT 1B LAUDERHILL FL 33313</b>	Mailing Address <b>2876 NORTHWEST 55TH AVENUE, UNIT 1B LAUDERHILL FL 33313</b>
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2. Principal Place of Business <b>2350 NW 60TH TERR</b>	3. Mailing Address <b>2350 NW 60TH TERR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SUNRISE FL</b>	City & State <b>SUNRISE FL</b>
Zip <b>33313</b>	Zip <b>33313</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>56-2501572</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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  **2-28-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, ARCHIBALD 2876 NORTHWEST 55TH AVENUE, UNIT 1B LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2350 NW 60TH TERR SUNRISE FL 33313</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, MICHAEL 2876 NORTHWEST 55TH AVENUE, UNIT 1B LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2350 NW 60TH TERR SUNRISE FL 33313</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-28-06** **954 298 4885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #