


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 035 ***150.00

DOCUMENT # P05000028197			
1. Entity Name CAMPOBASSO CORPORATION			
Principal Place of Business 6854 W. FLAGLER ST. MIAMI, FL 33144		Mailing Address PO BOX 403028 MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box # 6365 Collins Ave.		3. Mailing Address PO BOX 403028	
Suite, Apt. #, etc. Apt. # 2205		Suite, Apt. #, etc.	
City & State Miami Beach, FL.		City & State Miami Beach, FL.	
Zip 33141 Country USA		Zip 33140 Country USA	
4. FEI Number 20-2386168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, JENNY 1470 NE 123 ST, SUITE 809 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Moreno, Jenny Street Address (P.O. Box Number is Not Acceptable) 6365 Collins Ave. # 2205 City Miami Beach FL Zip Code 33141	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVSD NAME MORENO, JENNY STREET ADDRESS 5445 COLLINS AVENUE CU14 CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/21/08 305 962 7930 <small>Date Daytime Phone #</small>	