

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000038559			
1. Entity Name CAMOVIL APPLIANCES, INC.			
Principal Place of Business 841 NE 85TH ST. MIAMI, FL 33168		Mailing Address PO BOX 380533 MIAMI, FL 33238	
DO NOT WRITE IN THIS SPACE			
		 03212007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 73-1730870	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOISE, CATHERINE 841 NE 85TH ST. MIAMI, FL 33168		DO NOT WRITE 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 / After May 1, 2007 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		<div>U000000679438 04/03/07-80037-025 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	BEAUVIL, JACQUES		
STREET ADDRESS	841 NE 85TH ST.		
CITY-ST-ZIP	MIAMI, FL 33168		
TITLE	D		
NAME	MOISE, CATHERINE		
STREET ADDRESS	841 NE 85TH ST.		
CITY-ST-ZIP	MIAMI, FL 33168		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		3-21-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	