## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000076200

**Entity Name: CAMFRAN CORPORATION** 

FILED Apr 21, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

915 NW 1ST AVE. 8843 EMERSON AVE

T 606 SURFSIDE, FL 33154 US MIAMI, FL 33136 US

Current Mailing Address: New Mailing Address:

915 NW 1ST AVE. 8843 EMERSON AVE

T 606 SURFSIDE, FL 33154 US MIAMI, FL 33136 US

FEI Number: 20-2901112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACHADO, MARILENE
915 NW 1ST AVE.
T 606

VALVERDE, MARILENE
8843 EMERSON AVE
SURFSIDE, FL 33154 US

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.

SIGNATURE: MARILENE VALVERDE 04/21/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

MIAMI, FL 33136 US

Title:

DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 VALVERDE, JUAN E
 Name:
 VALVERDE, JUAN E

 Address:
 915 NW 1 ST AVE. T 606
 Address:
 8843 EMERSON AVE

 City-St-Zip:
 MIAMI, FL 33136 US
 City-St-Zip:
 SURFSIDE, FL 33154 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MACHADO, MARILENE
 Name:
 VALVERDE, MARILENE

 Address:
 915 NW 1 ST. AVE T 606
 Address:
 8843 EMERSON AVE

 City-St-Zip:
 MIAMI, FL 33136 US
 City-St-Zip:
 SURFSIDE, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ENRIQUE VALVERDE DP 04/21/2008