## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000076200

**Entity Name: CAMFRAN CORPORATION** 

FILED May 12, 2009 Secretary of State

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

8843 EMERSON AVE 9700 W BAY HARBOR DR.

SURFSIDE, FL 33154 US

BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address: New Mailing Address:

8843 EMERSON AVE 9700 W BAY HARBOR DR.

SURFSIDE, FL 33154 US

BAY HARBOR ISLANDS, FL 33154 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:

VALVERDE, MARILENE 8843 EMERSON AVE 9700 W BAY HARBOR DR.

SURFSIDE, FL 33154 US 4
BAY HARBOR ISLANDS, 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 05/12/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: VALVERDE, JUAN E Name: VALVERDE, MARILENE

Address: 8843 EMERSON AVE Address: 9700 W BAY HARBOR DR.

City-St-Zip: SURFSIDE, FL 33154 US City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: VALVERDE, MARILENE Name: VALVERDE, JUAN E

Address: 8843 EMERSON AVE Address: 9700 W BAY HARBOR DR.

City-St-Zip: SURFSIDE, FL 33154 US City-St-Zip: BAY HARBOR ISLANDS, 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: MARILENE VALVERDE DP 05/12/2009