


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90367 043 \*\*\*150.00

<b>DOCUMENT # P06000035533</b>	
1. Entity Name <b>CAMILA'S FOOD SERVICES INC.</b>	

Principal Place of Business <b>7836 NE BAYSHORE CT., #2 MIAMI, FL 33138-6311</b>	Mailing Address <b>7836 NE BAYSHORE CT., #2 MIAMI, FL 33138-6311</b>
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

**40034111**



2. Principal Place of Business - No P.O. Box # <b>4624 NW 114 Ave.</b>	3. Mailing Address <b>4624 NW 114 Ave.</b>
Suite, Apt. #, etc. <b># 905</b>	Suite, Apt. #, etc. <b># 905</b>

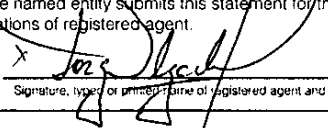
03012007 Chg-P CR2E034 (12/06)

City & State <b>DORAL, FL</b>	City & State <b>DORAL, FL</b>
Zip <b>33178</b>	Zip <b>33178</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>43-2100221</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

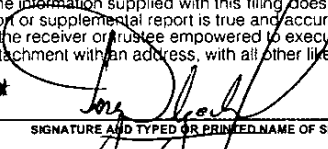
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELGADO, JORGE 7836 NE BAYSHORE CT., #2 MIAMI, FL 33138-6311		Name Street Address (P.O. Box Number is Not Acceptable) <b>4624 NW 114 Ave. #905</b> City <b>MIAMI</b> FL Zip Code <b>33178</b>	

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 	DATE <b>3/8/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, JORGE 7836 NE BAYSHORE CT., #2 MIAMI, FL 331386311 <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	VICE PRESIDENT GEORGETTE DELGADO 4624 NW 114 Ave. # 905 MIAMI, FL. 33178 <input type="checkbox"/> Change <input checked="" 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
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
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
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 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: 	DATE <b>3/8/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	