

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087603

Entity Name: CAMLE, INC.

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

12421 NW 15TH STREET, SUITE #302
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12421 NW 15TH STREET, SUITE #302
SUNRISE, FL 33323

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENTS, JORDI
2655 LE JEUNE ROAD, SUITE 804
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CASTRO, RUBEN
Address: 12421 NW 15TH STREET, SUITE #302
City-St-Zip: SUNRISE, FL 33323

Title: SD (X) Delete
Name: TORRENTS, JORDI R
Address: 2655 LE JEUNE RD., STE. 804
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: CASTRO, RUBEN
Address: 12421 NW 15TH STREET, SUITE #302
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBEN CASTRO

PTS

03/22/2007

Electronic Signature of Signing Officer or Director

Date