

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000087603

Entity Name: CAMLE, INC.

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14238 COLONIAL GRAND BLVD.  
APT. 2802  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14238 COLONIAL GRAND BLVD.  
APT. 2802  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 20-5376062

FEI Number Applied For ( )

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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CASTRO, RUBEN  
Address: 14238 COLONIAL GRAND BLVD. AP 2802  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: RUBEN CASTRO

DIRE

09/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date