

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000127176

Entity Name: CAMPOS ENTERPRISE, INC.

**FILED**  
**Jul 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2605 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

2605 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 20-5881311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPOS, ERNESTO  
2605 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

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

CHRISTIANSEN, PATRICIA M ESQ.  
CASEY CIKLIN LUBITZ MARTENS & O'CONNELL  
515 N. FLAGLER DR., SUITE 1900  
WEST PALM BEACH, FL 33401 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: PATRICIA M. CHRISTIANSEN

07/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CAMPOS, ERNESTO  
Address: 2605 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ERNESTO CAMPOS

PD

07/05/2007

Electronic Signature of Signing Officer or Director

Date