

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 031 ***150.00



DOCUMENT # P06000154273

1. Entity Name
 CAMAND, CORP.

Principal Place of Business
 11958 SW 72ND TERR.
 MIAMI FL 33183

Mailing Address
 11958 SW 72ND TERR.
 MIAMI FL 33183



2. Principal Place of Business - No P.O. Box #
 12150 SW 132 CT.

3. Mailing Address
 12150 SW 132 CT.

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.
 #209-B

Suite, Apt. #, etc.
 #209-B

City & State
 Miami FLORIDA

City & State
 Miami FLORIDA

4. FEI Number
 20-8061774

Applied For
 Not Applicable

Zip Country
 33186 U.S.A.

Zip Country
 33186 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACIAS, JUAN C
 11958 SW 72ND TERR.
 MIAMI FL 33183

Name
 JUAN C. MACIAS
 Street Address (P.O. Box Number is Not Acceptable)
 12150 SW 132 CT. #209-B
 City Miami FL Zip Code 33186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/07
 DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MACIAS, CAROLINA	
STREET ADDRESS	11958 SW 72ND TERR.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACIAS, JUAN C	
STREET ADDRESS	11958 SW 72ND TERR.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 (305)216-4321
 Date Daytime Phone #