2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90369 034 ***150.00

DOCUMENT # P07000022914

1. Entity Name
CAMILO'S CORPORATION

Principal Place of Business	Mailing Address
~~7667 SW 102ND PLANCE~~ ~~MIAMI, FL 33173~~	~~7667 SW 102ND PLANCE~~ ~~MIAMI, FL 33173~~

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7767 SW 102ND PL		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State	
Zip: 33173	Country: US	Zip	Country

4. FEI Number: 20-8488825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~IMS ACCOUNTING SERVICES LLC~~
~~15311 SW 148TH COURT~~
~~MIAMI, FL 33187~~

7. Name and Address of New Registered Agent

Name: RAFAEL C LANDESTOY
Street Address (P.O. Box Number is Not Acceptable): 7767 SW 102nd PLACE
City: MIAMI **FL** Zip Code: 33173

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P LANDESTOY, RAFAEL C ~~7667 SW 102ND PLACE~~ 7767 SW 102 PL MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4-23-08 305-389-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #