## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000037766

Entity Name: CAMILO BUILDER INC

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED May 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 419 FIFTH AVENUE LEHIGH ACRES, FL 33972 **Current Mailing Address: New Mailing Address:** 419 FIFTH AVENUE LEHIGH ACRES, FL 33972 FEI Number: 20-8754021 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEREZ, CAMILO SR. 419 FIFTH AVENUE LEHIGH ACRES, FL 33972 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PEREZ, CAMILO SR Name: Name: 419 FIFTH AVENUE Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: PEREZ, KETTY Name: 419 FIFTH AVENUE Address: Address: LEHIGH ACRES, FL 33972 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAMILO PEREZ P 05/13/2008

( ) Change (X) Addition

CHILDRESS, JAMES R JR

LEHIGH ACRES, FL 33972

419 FIFTH AVE