



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119754	
1. Entity Name THE CAMSUN, INC.	

Principal Place of Business KAMIL OENAL BAGLARBAZI MAH.CEMALBEY CAD. 1318 34844 MALTEPE-ISTANBUL-TURKE, OC	Mailing Address 426 NORTH EAST 13TH AVE FT. LAUDERDALE, FL 33301
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2. Principal Place of Business, -No P.O. Box # 2014 NE 19th St	3. Mailing Address 2014 NE 19th St
Suite, Apt. #, etc. App 3	Suite, Apt. #, etc. App 3
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33305	Country FL

FILED
08 SEP -3 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent POHL, FRANK H 426 NORTHEAST 13TH AVE FORT LAUDERDALE, FL 32301	7. Name and Address of New Registered Agent Name DR. HENRY W. ZSCHAU Street Address (P.O. Box Number is Not Acceptable) 2014 NE 19th St App 3 City & State FORT LAUDERDALE, FL Zip Code 33305
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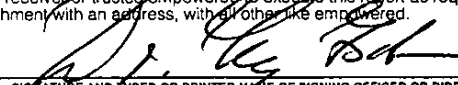
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DR. HENRY W. ZSCHAU 09/03/2008
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OENAL, KAMIL KAMIL OENAL 34844 MALTEPE-ISTANBUL-TURKE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OENAL, KAMIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2014 NE 19th St App 3 FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DR. HENRY W. ZSCHAU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2014 NE 19th St App 3 FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100135428491 09/05/08--01046--008 ***1000.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  09/03/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #