

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125067

Entity Name: CAMPOS SPORT CUTS, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

14181 SOUTHERN RED MAPLE DR.
ORLANDO, FL 32828 US

New Principal Place of Business:

8873 WEST COLONIAL DRIVE
OCOOEE, FL 34761 US

Current Mailing Address:

14181 SOUTHERN RED MAPLE DR.
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 42-1747418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPOS VEGA, GERARDO M
14181 SOUTHERN RED MAPLE DR.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPOS VEGA, GERARDO M
Address: 14181 SOUTHERN RED MAPLE DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: VP () Delete
Name: CAMPOS, JENNIFER A
Address: 14181 SOUTHERN RED MAPLE DR.
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JENNIFER A CAMPOS

VP

04/16/2008

Electronic Signature of Signing Officer or Director

Date