

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90017 027 ***150.00

DOCUMENT # P07000133944 1. Entity Name CAM ICE CREAM, INC.					
Principal Place of Business 1744 E. COMMERCIAL BLVD., SUITE C FT. LAUDERDALE, FL 33334			Mailing Address 1744 E. COMMERCIAL BLVD., SUITE C FT. LAUDERDALE, FL 33334		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 26-1624176				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07202008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CRAMMER, DAVID S. 3801 N. UNIVERSITY DR., #311 SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Claudia Montalvan Street Address (P.O. Box Number is Not Acceptable) 1744 E Commercial Blvd, Ste C City Fort Lauderdale FL Zip Code 33334		
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 <u><i>X Claudia Montalvan</i></u> DATE <u><i>X</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>					
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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVAN, CLAUDIA A <input type="checkbox"/> Delete 5900 NE 1ST AVE. FT. LAUDERDALE, FL 33334		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	
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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: <u><i>X Claudia Montalvan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>X 7-21-08</i></u> <small>Date</small>		<u><i>X 954/914-0333</i></u> <small>Daytime Phone #</small>