

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081082

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** HQ - CAMBRI, INCORPORATED

**Current Principal Place of Business:**

605 NORTHLAKE BLVD  
49  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

8879 WEST COLONIAL DRIVE  
SUITE 106  
OCOE, FL 34761 US

**Current Mailing Address:**

605 NORTHLAKE BLVD  
49  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

8879 WEST COLONIAL DRIVE  
SUITE 106  
OCOE, FL 34761 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLINE, HENITO A III  
605 NORTHLAKE BLVD  
49  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

THE CORPORATIONS HEADQUARTERS LLC  
8879 WEST COLONIAL DRIVE  
SUITE 106  
OCOE, FL 34761 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: THE CORPORATIONS HEADQUARTERS LLC

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLINE, HENITO A III  
Address: 8879 WEST COLONIAL DRIVE  
City-St-Zip: OCOE, FL 34761 US

Title: D  
Name: PIMEINTA, DENTIA  
Address: 8879 WEST COLONIAL DRIVE  
City-St-Zip: OCOE, FL 34761 US

I hereby 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 all other like empowered.

SIGNATURE: H A CLINE III

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date