

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000019154

Entity Name: CAMILLE CARRIER CORP

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4065 PEMBERLY PINE CIR  
ST CLOUD, FL 34769 US

**New Principal Place of Business:**

3812 SPIRITED CIRCLE  
ST CLOUD, FL 34772 US

**Current Mailing Address:**

4065 PEMBERLY PINE CIR  
ST CLOUD, FL 34769 US

**New Mailing Address:**

3812 SPIRITED CIRCLE  
ST CLOUD, FL 34772 US

FEI Number: 27-5098050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMONTE, CARLOS  
4065 PEMBERLY PINE CIR  
ST CLOUD, FL 34769 US

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

ALMONTE, CARLOS  
3812 SPIRITED CIRCLE  
ST CLOUD, FL 34772 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: CARLOS ALMONTE

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALMONTE, CARLOS  
Address: 3812 SPIRITED CIRCLE  
City-St-Zip: ST CLOUD, FL 34772 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: CARLOS ALMONTE

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date