

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000020790



1. Entity Name

CAMEO INTERNAT CORP.

Principal Place of Business

955 CIRCLE DR - D
DELRAY BEACH FL 33445

Mailing Address

955 CIRCLE DR - D
DELRAY BEACH FL 33445



2. Principal Place of Business - No P.O. Box #

955 D CIRCLE DR,
Suite, Apt. #, etc.
D

3. Mailing Address

SAME
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DELRAY BCH

City & State

FL

4. FEI Number

65-0421525

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, DONALD L
955 CIRCLE DR - D
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LLOYD, DONALD L
STREET ADDRESS 955 CIRCLE DR - D
CITY - ST - ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

561 338 3011

Daytime Phone #