

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90106 048 \*\*\*150.00

**DOCUMENT # P93000023031**

1. Entity Name  
**CAMI INVESTMENTS, INC.**



Principal Place of Business  
**11690 QUAIL ROOST DRIVE  
HOMESTEAD, FL 33187**

Mailing Address  
**16284 SW 43RD TERR  
MIAMI, FL 33185**

2. Principal Place of Business  
**11500 SW QUAIL ROOST 16284 SW 43RD TERR**

3. Mailing Address  
**16284 SW 43RD TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FLORIDA**

Zip  
**33157**

Country  
**DADE**

Zip  
**33185**

Country  
**DADE**

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0390122**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BENITEZ, ORLANDO  
16284 SW 43RD TERR  
MIAMI, FL 33185**

## 7. Name and Address of New Registered Agent

Name

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

**16284 SW 43RD TERR**

City

**MIAMI FLORIDA FL**

Zip Code

**33185**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**BENITEZ, ORLANDO**  
STREET ADDRESS  
**16284 SW 43RD TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33185**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-14-06 305210-3969**