


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000078914 1. Entity Name CAMROSE (FLORIDA), INC.	
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Principal Place of Business 201 CRANDON BLVD UNIT 905 KEY BISCAWAYNE, FL 33149 US	Mailing Address C/O ROBERT B. LARKEY, CPA 9200 S DADELAND BLVD #310 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0454262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARKEY, ROBERT B CPA 9200 S DADELAND BLVD STE 310 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000626495
02/15/07-80023-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ECHEVERRIA, RAUL 201 CRANDON BLVD., UNIT 905 KEY BISCAWAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29TH JANUARY 07 _____
Date Daytime Phone #