

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078914

FILED
Feb 10, 2009
Secretary of State

Entity Name: CAMROSE (FLORIDA), INC.

Current Principal Place of Business:

201 CRANDON BLVD
UNIT 905
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT B. LARKEY, CPA
9200 S DADELAND BLVD #310
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0454262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LARKEY, ROBERT B CPA
9200 S DADELAND BLVD
STE 310
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ECHEVERRIA, RAUL
Address: 201 CRANDON BLVD., UNIT 905
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAUL ECHEVERRIA

PSTD

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date