

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000080384

1. Entity Name
 CAMILA'S INTERNATIONAL COUSINE, INC.



Principal Place of Business
 5458 INTERNATIONAL DRIVE
 ORLANDO, FL 32819 US

Mailing Address
 5458 INTERNATIONAL DRIVE
 ORLANDO, FL 32819 US



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0449792 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIOTE, MANUEL
 5458 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

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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]*

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSD
 NAME: BRIOTE, MANUEL
 STREET ADDRESS: 5458 INTERNATIONAL DRIVE
 CITY-ST-ZIP: ORLANDO, FL 32819

TITLE: VPD
 NAME: BROSILIA, BRIOTE
 STREET ADDRESS: 5458 INTERNATIONAL DR
 CITY-ST-ZIP: ORLANDO, FL 32819

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 STREET ADDRESS:
 CITY-ST-ZIP:

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 02/16/04-60074-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #