

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 022 ***150.00

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1. Entity Name
CAMEO SYSTEMS, INC.



Principal Place of Business
1460 NW 107 AVENUE
SUITE L
MIAMI, FL 33172

Mailing Address
1460 NW 107 AVENUE
SUITE L
MIAMI, FL 33172

60010652



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0496961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEDAGHAT, BEY
1460 NW 107 AVENUE
SUITE L
MIAMI, FL 33172

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IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SEDAGHAT, BEY
1460 NW 107 AVENUE
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SEDAGHAT, BARON
1460 NW 107 AVENUE
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 697, 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:

Baron Sedaghat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #