


2004 FOR PROFIT CORPORATION ANNUAL REPORT.

5/7

FILED
Jun 29, 2004 8:00 am
Secretary of State

05-07-2004 90134 033 ***150.00

DOCUMENT # P95000004400					
1. Entity Name CAMU DIVENTURES, INC.					
Principal Place of Business 3932 BARKIS AVE. BOYNTON BEACH, FL 33436 US			Mailing Address 3932 BARKIS AVE. BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0547823	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARY, SEAN M 3932 BARKIS AVENUE BOYNTON BEACH, FL 33426			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <u><i>Sean M Cary</i></u> DATE: <u>5/4/04</u> <small>(Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when rechartering))</small>					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE	PS	<input type="checkbox"/> Delete			
NAME	CARY, SEAN M				
STREET ADDRESS	3932 BARKIS AVENUE				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Sean M Cary</i></u> DATE: <u>6/24/04</u> <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					

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05042004 Chg-P CR2E034 (10/03)