


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000025402</b> 1. Entity Name CAMSCO INTEERNATIONAL, INC.		
Principal Place of Business 6906 NW 50TH ST MIAMI, FL 33166 US	Mailing Address 6906 NW 50TH ST MIAMI, FL 33166 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  RAMOS, ALBIN 8045 S.W. 107TH AVE. SUITE 118 MIAMI, FL 33173-4681		<b>DO NOT WRITE IN THIS SPACE</b>
<b>8.</b> 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONTRERAS, RICARDO A 8045 S.W. 107TH AVE, SUITE 118 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, ALBIN 8045 S.W. 107TH AVE., SUITE 218 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12.</b> 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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/06/05 (305) 4707238 <small>Date Daytime Phone #</small>



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0570299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000293084  
04/08/05-80015-010 150.00