

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90031 018 \*\*\*150.00

**DOCUMENT # P95000085521**

1. Entity Name  
**CAMBIO INTERNATIONAL, INC.**



Principal Place of Business

~~505 S. FEDERAL HIGHWAY~~  
**DEERFIELD BEACH, FL 33442**

Mailing Address

~~505 S. FEDERAL HWY~~ **472 Grantham E**  
~~SUITE 1~~  
**DEERFIELD BCH, FL 33442**



07142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0629365**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMBIO, RAE M**  
**472 GRANTHAM E**  
**DEERFIELD BEACH, FL 33442**

**DO NOT WRITE  
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 \$550.00**  
**Due by September 6, 2006**

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  
**VS**  
**CAMBIO, ERNEST H**  
**472 GRANTHAM E**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**CAMBIO, RAE M**  
**472 GRANTHAM E**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-12-06 934-663-8106**

Date

Daytime Phone #

ATTACHMENT

50026022

#P95000085521

8-13-06

Florida Dept of State  
Div of Corporations

Re: Doc # P950000855a1  
Cambio International  
FIE - 650629365

Please be advised that  
I did not receive the  
notice of report due to  
the fact that I was  
forced to close down  
the business at the  
location of 505 S Ed Hwy  
Deerfield Beach FL.  
However I am intending  
to reestablish at a  
new location in the fall.

I am enclosing a check for  
\$150 in order to keep the

ATTACHMENT 50026022  
#P95200085521

Corporation in force.

Thank you for your  
understanding

Respectfully

Rae M. Cambes  
Cambes International  
472 Grantham E  
Deerfield Bel IL 33442