


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000060519 1. Entity Name C A M - S I L PROPERTIES, INC.	
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Principal Place of Business 674-698 BAYSHORE BLVD PORT ST LUCIE, FL 34985 US	Mailing Address 1562 CROWBERRY LANE SEBASTIAN, FL 32958
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0766690	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

**MAZZILLI, SILVESTER
1562 CROWBERRY LANE
SEBASTIAN, FL 32958**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, CAMILLE 131 ALICIA DRIVE NORTH BABYLON, NY 11703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, FRANK 131 ALICIA DRIVE NORTH BABYLON, NY 11703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALZONE, CATHERINE 8 MEADOWOOD LN FARMINGDALE, NY 11735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZILLI, SILVESTER 131 ALICIA DRIVE NORTH BABYLON, NY 11703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000297088
04/11/05-80012-025 150.00

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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)(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: Camille Mazzilli - Camille Mazzilli 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #