2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State
05-01-2006 90301 026 ***150.00

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1. Entity Name
C A M - S I L PROPERTIES, INC.

Principal Place of Business
674-698 BAYSHORE BLVD
PORT ST LUCIE, FL 34985 US

Mailing Address See Below
~~1562 CROWBERRY LANE~~
~~SEBASTIAN, FL 32958~~
~~131 Alicia Drive~~ ~~N. Babylon NY~~ 11703

bbU100J6

04092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0766690
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAZZILLI, SILVESTER
~~1562 CROWBERRY LANE~~ ~~131 Alicia Drive~~
~~SEBASTIAN, FL 32958~~ ~~N. Babylon NY~~
1562 Crowberry Lane ~~11703~~
Sebastian FL 32958

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	MAZZILLI, CAMILLE
STREET ADDRESS	131 ALICIA DRIVE
CITY-ST-ZIP	NORTH BABYLON, NY 11703
TITLE	D
NAME	MAZZILLI, FRANK
STREET ADDRESS	~~131 ALICIA DRIVE~~ 3 Anthony Lane
CITY-ST-ZIP	NORTH BABYLON, NY 11703
TITLE	D
NAME	MALZONE, CATHERINE
STREET ADDRESS	~~6 MEADOWOOD LN~~ 180 Ocean Ave.
CITY-ST-ZIP	~~FARMINGDALE, NY 11735~~ Massapequa NY 11758
TITLE	D
NAME	MAZZILLI, SILVESTER
STREET ADDRESS	131 ALICIA DRIVE
CITY-ST-ZIP	NORTH BABYLON, NY 11703
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 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 4/15/06 631 321-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #