# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2009**
**Secretary of State**

DOCUMENT# P97000060519

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

**Current Principal Place of Business:**

674-698 BAYSHORE BLVD
PORT ST. LUCIE, FL 34985 US

**New Principal Place of Business:**

**Current Mailing Address:**

1562 CROWBERRY LANE
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number: 65-0766690** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZZILLI, SILVESTER
1562 CROWBERRY LANE
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MAZZILLI, CAMILLE
Address: 131 ALICIA DRIVE
City-St-Zip: NORTH BABYLON, NY 11703

Title: D ( ) Delete
Name: MAZZILLI, FRANK
Address: 131 ALICIA DRIVE
City-St-Zip: NORTH BABYLON, NY 11703

Title: D ( ) Delete
Name: MALZONE, CATHERINE
Address: 180 OCEAN AVE
City-St-Zip: MASSAPEQUA, NY 11758

Title: D ( ) Delete
Name: MAZZILLI, SILVESTER
Address: 131 ALICIA DRIVE
City-St-Zip: NORTH BABYLON, NY 11703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE MAZZILLI PRES 04/19/2009

Electronic Signature of Signing Officer or Director Date