

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90039 033 ***158.75

DOCUMENT # P97000075319

1. Entity Name
THE CAMP & ASSOCIATES INTERNATIONAL REAL ESTATE AND INVESTMENT COMPANY, INC.



Principal Place of Business
1221 BRICKELL AVENUE
932
MIAMI, FL 33131-3224

Mailing Address
1221 BRICKELL AVENUE
932
MIAMI, FL 33131-3224



2. Principal Place of Business
804 Douglas Road

3. Mailing Address
804 Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110 -Douglas Entrance-

Ste. 110 -Douglas Entrance-

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

01172006 Chg-P CR2E034 (11/05)

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

4. FEI Number
65-0789008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVES CAMP, ELIZABETH (S/B CAMP, ELIZABETH CHAVES)
5101 COLLINS AVENUE
SUITE 4-N
MIAMI BEACH, FL 33140-3224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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 translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMP, ELIZABETH C	
STREET ADDRESS	5101 COLLINS AVE., APT #4-N	
CITY-ST-ZIP	MIAMI BEACH, FL 331402714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **ELIZABETH CHAVES CAMP**

January 17, 2006

305-443-3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #