2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000042513

 Entity Name CAM INVESTMENTS, INC.



Principal Place of Business

2110 NE 59TH COURT FORT LAUDERDALE, FL 33308 Mailing Address

2110 NE 59TH COURT

FORT LAUDERDALE, FL 33308

FILED Mar 18, 2004 08:00 AM Secretary of State



03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0849325 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOANNE FANIZZA ESQ. 2700 E. OAKLAND PARK BLVD. SUITE D FORT LAUDERDALE, FL 33306

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8. The above the obligation	named entity submits this statement for the poons of registered agent.	ourpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent algorithms required when reinstating) DATE					
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	ÖFFICERS AND DIREC	CTORS	~		
TITLE	DPS				
NAME	CLUNE, HUBERT B	1			
STREET ADDRESS	2110 NE 59TH COURT	1			U00000091836
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308				03/18/04-80024-021 150.00
TETLE	DVT				
NAME	METZGER, LYLE W				
STREET ADDRESS	2110 NE 59TH COURT	1			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). 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 earl; 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:

CITY - \$7 - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

116/04 954.267-0783