## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 03, 2002 8:00 am Secretary of State P98000084093 DOCUMENT # 1. Entity Name 05-03-2002 90104 001 \*2.381.25 CAMDON VENTURES, INC. Principal Place of Business Mailing Address 10125 W COLONIAL DR 10125 W COLONIAL DR 212 212 **OCOEE FL 34761** OCOEE FL 34761 U\$ US 2. Principal Place of Business 3. Mailing Address 28th St. NO. 1800 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3666745 tersburg Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMILLO, JOSEPH O. Box Number is Not Acceptable) 10125 W COLONIAL DR **SUITE 212 OCOEE FL 34761** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Change TITLE ☐ Delete TITLE ☐ Addition NAME CAMILLO, JOSEPH NAME **CR2E034** 10125 W COLONIAL DR #212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Addition NAME ROBERTS, DAMASI NAME 10125 W COLONIAL DR #212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF OCOEE FL 34761 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

E: Joseph Amilia | According to the Signature and typed on printed name of algaling of Ficer or director Date Dayling Phone #