

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19596

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** CAMILA'S RESTAURANT INC

**Current Principal Place of Business:**

129 SE 1 AVE  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

129 SE 1 AVE  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0232217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRIOTE, MANUEL  
129 SE 1 AVE  
MIAMI, FL 33131 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: PSD  
Name: BRIOTE, MANUEL  
Address: 129 SE 1 AVE  
City-St-Zip: MIAMI, FL

Title: VPD  
Name: BRIOTE, FELIPE  
Address: 129 SE 1 AVENUE  
City-St-Zip: MIAMI, FL 33131

Title: SD  
Name: BRIOTE, BRASILIA  
Address: 129 SE 1 AVENUE  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: MANUEL BRIOTE

PSD

02/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date