2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2004 08:00 AM DOCUMENT# ¥45026 **Secretary of State** 1. Entity Name CAMESCO INVESTMENTS, INC. Principal Place of Business Mailing Address 848 BRICKELL AVE. 848 BRICKELL AVE. STE. 950 MIAMI FL 33131 STE. 950 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0515363 Not Applicable Ζιp Country Zip 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 Name DESENS, RALPH MR.. Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE. STE. 950 **MIAMI FL 33131** 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE Delete TITLE ☐ Change Addition CAMERO, OMAR MAME NAME 1/00000079043 848 BRICKELL AVE., STE. 950 STREET ADDRESS STREET ADDRESS 03/08/04-80050-008 150.00 MIAMI FL 33131 CITY - ST - 71P CITY-ST-7IP TIERE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 of the

dress, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an

SIGNATURE:

FILED