

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009536

Entity Name: CAMANAISTRINGS, INC.

Current Principal Place of Business:

931 VILLAGE BLVD
SUITE #905-467
WEST PALM BEACH, FL 33409

Current Mailing Address:

931 VILLAGE BLVD
SUITE #905-467
WEST PALM BEACH, FL 33409

FEI Number: 38-3283759

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOCKE-WILLIAMS, ERIKA B
407 SOUTH MANGONIA CIRCLE
WEST PALM BEACH, FL 33401 US

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

Officer/Director Detail :

Title CEO
Name WILLIAMS, CAMEREN A
Address 407 SOUTH MANGONIA CIRCLE
City-State-Zip: WEST PALM BEACH FL 33401

Title VST
Name LOCKE-WILLIAMS, ERIKA B
Address 407 SOUTH MANGONIA CIRCLE
City-State-Zip: WEST PALM BEACH FL 33401

Title V
Name WILLIAMS, EUSEBIUS K
Address 407 SOUTH MANGONIA CIRCLE
City-State-Zip: WEST PALM BEACH FL 33401

Title AR
Name LOCKE, WENDELL T
Address 6000 SW 17TH COURT
City-State-Zip: PLANTATION FL 33317

Title AMBR
Name LOCKE, EUNICE B
Address 1337 6TH STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name LOCKE-WATSON, LINA W
Address 1809 WANDA WAY
City-State-Zip: ELLENWOOD GA 30294

Title AMBR
Name COPELAND, STACEY LANISE
Address 3812 SHELLEY ROAD SOUTH
City-State-Zip: WEST PALM BEACH FL 33407

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIKA LOCKE-WILLIAMS

REGISTERED AGENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date