

2020 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 US

FEI Number: 81-4011080

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: ERIKA LOCKE-WILLIAMS

04/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name WILLIAMS, CAMEREN ANAI
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title VP, TREASURER
Name LOCKE-WILLIAMS, ERIKA BERNICE
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name WILLIAMS, EUSEBIUS KENYETTE
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name LOCKE, WENDELL T.
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY
Name WATSON, LINA
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY
Name COPELAND, STACEY L.
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER
Name KNIGHT, CHERYL
Address 931 VILLAGE BLVD
SUITE 905-467
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name MCDONALD, KENDRA M
Address 931 VILLAGE BLVD
SUITE #905-467
City-State-Zip: WEST PALM BEACH FL 33409

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

04/26/2020

Electronic Signature of Signing Officer/Director Detail

Date