| | LOWER AVE APT 1D Y 10461 US | | | |
|---|---|-------------------------------------|--|-------------------------------|
| EEL Numbo | | | Contificate of Otatus Desi | |
| FEI Number: 27-2001904 | | | Certificate of Status Desir | ea: NO |
| Name and | Address of Current Registered Agent | | | |
| | AGENTS INC. N | | | |
| 7901 4TH ST I STE 300 | | | | |
| STE 300 | URG, FL 33702 US | | | |
| STE 300 ST. PETERSB | URG, FL 33702 US | ging its registered office or regis | tered agent, or both, in the State of Flor | ida. |
| STE 300 ST. PETERSB The above name | | ging its registered office or regis | tered agent, or both, in the State of Flor | ^{ida.} 04/30/2024 |
| STE 300 ST. PETERSB The above name | ed entity submits this statement for the purpose of chan | ging its registered office or regis | tered agent, or both, in the State of Flor | |
| STE 300 ST. PETERSB The above name SIGNATUR | ed entity submits this statement for the purpose of changes E: DAVID ROBERTS | ging its registered office or regis | tered agent, or both, in the State of Flon | 04/30/202 |
| STE 300 ST. PETERSB The above name SIGNATUR | ed entity submits this statement for the purpose of changes E: DAVID ROBERTS Electronic Signature of Registered Agent | ging its registered office or regis | tered agent, or both, in the State of Flor | 04/30/202 |
| STE 300 ST. PETERSB The above name SIGNATUR Officer/Dire | ed entity submits this statement for the purpose of change E: DAVID ROBERTS Electronic Signature of Registered Agent Ector Detail : | | | 04/30/202 |
| STE 300 ST. PETERSB The above name SIGNATUR Officer/Dire Title | ed entity submits this statement for the purpose of change E: DAVID ROBERTS Electronic Signature of Registered Agent ector Detail : DPT | Title | VS | 04/30/2024 Date |

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: DOROTHY MCAULIFFE

PRESIDENT

04/30/2024

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P1000000515

Entity Name: CAMD INC.

Current Principal Place of Business:

1720 MAYFLOWER AVE APT 1D BRONX, NY 10461

Current Mailing Address:

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 30, 2024 Secretary of State 4454447242CC