


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 614942
 1. Entity Name
 CLIENTELE, INC.



Principal Place of Business Mailing Address
 14101 NW 4TH STREET 14101 NW 4TH STREET
 SUNRISE, FL 33325 US SUNRISE, FL 33325 US

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-1903832 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RILEY, PATRICIA
 14101 NW 4TH STREET
 SUNRISE, FL 33325

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when reappointing)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000373884
 07/21/05-80003-004 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RILEY, PATRICIA
STREET ADDRESS	14101 NW 4TH STREET
CITY-ST-ZIP	SUNRISE, FL
TITLE	V
NAME	RILEY, JAMES
STREET ADDRESS	14101 NW 4TH ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES RILEY** 6/30/05 954 845 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #