

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74937

FILED
Mar 04, 2005
Secretary of State

Entity Name: CLOVER SYSTEMS, INC.

Current Principal Place of Business:

1910 NW 97TH AVE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1910 NW 97TH AVE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-2570160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDIVE, ARMANDO
250 CATALONIA AVE
SUITE 705
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RINCON, LUIS ALONSO
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172 US

Title: SEC () Delete
Name: RINCON, HOLLY S
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172 US

Title: VP () Delete
Name: RINCON, LUIS ANGEL
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172 US

Title: T () Delete
Name: OLIVARES, HOLLY ANA
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUIS ALONSO RINCON

PTE

03/04/2005

Electronic Signature of Signing Officer or Director

_____ Date