


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-02-2005 90035 028 \*\*\*\*158.75  
P04000053100

**DOCUMENT # P04000053100**

1. Entity Name  
**CLEAR ESTATES CO.**



FILED  
05 SEP -2 PM 4:57

Principal Place of Business: 12401 W OKEECHOBEE RD SUITE 291 HIALEAH GARDENS FL 33018

Mailing Address: 12401 W OKEECHOBEE RD SUITE 291 HIALEAH GARDENS FL 33018

SECRETARY  
FALLAWAY



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State

4. FEI Number **51-0502522**  Applied For  Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
Name: **ESTIBALIZ MUNOZGUREN**  
Street Address (P.O. Box Number is Not Acceptable): **12401 W. OKEECHOBEE RD # 291**  
City: **HIALEAH GARDENS FL** Zip Code: **33018**

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: Estibaliz Munozguren **PRESIDENT** **JULY 28<sup>TH</sup> 2005**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE: PSTD NAME: MUNIOZGUREN, ESTIBALIZ STREET ADDRESS: 12401 W OKEECHOBEE RD SUITE 291 CITY-ST-ZIP: HIALEAH GARDENS FL 33018	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>SECRETARY</b> NAME: <b>ERIKA NAVARRO</b> STREET ADDRESS: <b>12401 W. OKEECHOBEE RD # 291</b> CITY-ST-ZIP: <b>HIA. GDNS. FL 33018</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Estibaliz Munozguren **ESTIBALIZ MUNOZGUREN** **JULY 28<sup>TH</sup> 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(789303933)