

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053100

Entity Name: CLEAR ESTATES CO.

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

12401 W OKEECHOBEE RD SUITE 291
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

12401 W OKEECHOBEE RD SUITE 291
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 51-0502522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZGUREN, ESTIBALIZ
12401 W OKEECHOBEE RD SUITE 291
HIALEAH GARDENS, FL 33018 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: PSTD () Delete
Name: MUNIOZGUREN, ESTIBALIZ
Address: 12401 W OKEECHOBEE RD SUITE 291
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S (X) Delete
Name: NAVARRO, ERIKA
Address: 12401 W OKEECHOBEE RD SUITE 291
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: ESTIBALIZ MUNOZGUREN

PSTD

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date