

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAR 12 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010747

1. Entity Name
321 CLAIR/DOT ENTERPRISES, INC.



Principal Place of Business
321 WEST SUNRISE BLVD
FT. LAUDERDALE, FL 33311

Mailing Address
321 WEST SUNRISE BLVD
FT. LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007

Chg-P

CR2E034 (12/06)

4. FEI Number

~~65-0468869~~

65-0729786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUTSTEIN, GEORGE J ESQ
#501-20801 BISCAYNE BLVD
AVENTURA, FL FL331-80

Name
John F. Hotte, Esq.

Street Address (P.O. Box Number is Not Acceptable)

6550 N. Federal Highway - Suite 220

City
Fort Lauderdale

FL

Zip Code
33308

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/2007

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300093245493

03/16/07--01004--018 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PERNICE, CLAIRE C ☒ Delete
321 WEST SUNRISE BLVD
FT. LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/I/D Michael J. Horne ☒ Change ☐ Addition
321 W. sunrise Boulevard
Fort Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PERNICE, FRANCA R ☒ Delete
321 WEST SUNRISE BLVD
FT. LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2007

Date

Daytime Phone #

21300