


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90020 010 \*\*\*\*61.25

<b>DOCUMENT # 728578</b> 1. Entity Name THE CLINTON ASSOCIATION, INC.	
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Principal Place of Business 6545 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	Mailing Address 6545 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141
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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1521822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MILANES, DOLORES 6545 INDIAN CREEK #209 MIAMI, FL 33141	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAGO, MARIA E 6545 INDIAN CREEK DR #509 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILANES, DOLORES 6545 INDIAN CREEK DR #209 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVARREDA, OSCAR 6545 INDIAN CREEK APT 503 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGE, ALICIA 6545 INDIAN CREEK #205 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM COSTALES, GLADYS 1623 COLLINS AVE., #714 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>ROSENFELD, ROBERTO</del> <i>Laura Salas</i> <del>6545 INDIAN CREEK DR #204</del> <i>6545 Indian Creek DR #509</i> MIAMI BEACH, FL 33141

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 617, 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:** *Dolores Milanes President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02-03-08-305 866 2999*  
Date Daytime Phone #