2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 146383

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THE CLOISTERS CORPORATION



Principal Place of Business

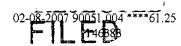
1750 UNIVERSITY DR

SUITE 205 POMPANO BEACH, FL 33071 Mailing Address

1750 UNIVERSITY OR

SUITE 205

POMPANO BEACH, FL 33071



2007 MAR 28 PH 12: 22

SECRETARY OF STATE TALLAHASSEE.FLORIDA

40012073



DO NOT WRITE IN THIS SPACE

01072007 CR2E034 (11/05) No Chg-P

4. FEI Number

59-0682643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNVERSITY DR

SIGNATURE: Kathley Chaking

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205

CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

01/25/07

 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 privide name of registered agent and title if applicable. (NOTE: Registered Agent signature required even remistating) OATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSSOP, LINCOLN 291 SPENCER AVE EAST GREENWICH, RI 02818		·		
IIILE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ED 1420 SOUTH OCEAN BOULEVARD SUITE F-9 POMPANO BEACH, FL 33062 S KINDER, BETTY 65 LEDGE ROAD JAMESTOWN, RI 02835			400095907344 04/05/0701043020 **88.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	T MORALES, JUAN 1420 SOUTH OCEAN BOULEVARD SUITE S-6 POMPANO BEACH, FL 33062				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	D AL Suprenaut TRIANA, LISA 242 Bridge St. 14600 NORTHWEST & PLACE PLANTATION, FL 33325 PLANTATION, FL 33325				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-DP					
12. I hereby certify that the information supplied with this filling 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 earl; 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.					

3/280

Davirne Phone #