

2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-08-2007 90051 004 ****61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40012073



01072007 No Chg-P CR2E034 (11/05)

DOCUMENT # 146383

1. Entity Name
THE CLOISTERS CORPORATION



Principal Place of Business
1750 UNIVERSITY DR
SUITE 205
POMPANO BEACH, FL 33071

Mailing Address
1750 UNIVERSITY DR
SUITE 205
POMPANO BEACH, FL 33071

DO NOT WRITE IN THIS SPACE

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 UNIVERSITY DR
205
CORAL SPRINGS, FL 33065

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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

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

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	VP MOSSOP, LINCOLN 291 SPENCER AVE EAST GREENWICH, RI 02818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ED 1420 SOUTH OCEAN BOULEVARD SUITE F-9 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINDER, BETTY 65 LEDGE ROAD JAMESTOWN, RI 02835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES, JUAN 1420 SOUTH OCEAN BOULEVARD SUITE S-6 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIANA, LISA 14600 NORTHWEST 6 BLVD PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Kathleen Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/07

Date

Daytime Phone #

3/28/07