


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 043 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0682643	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSSOP, LINCOLN 291 SPENCER AVE. EAST GREENWICH, RI 02818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mossop, Lincoln 291 Spencer Avenue East Greenwich, RI 02818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ED 1420 SOUTH OCEAN BOULEVARD SUITE F-9 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Edward 1420 S. Ocean Blvd. #F-9 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINDER, BETTY 65 LEDGE ROAD JAMESTOWN, RI 02835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES, JUAN 1420 SOUTH OCEAN BLVD., SUITE S-6 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPRENAUT, AL 262 BRIDGE STREET OSTERVILLE, MA 02655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kristen J. Baker</i> <i>Supervisor</i> 2/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40025906



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-0682643

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, ED
1420 SOUTH OCEAN BOULEVARD SUITE F-9
POMPANO BEACH, FL 33062

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KINDER, BETTY
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JAMESTOWN, RI 02835

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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MORALES, JUAN
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POMPANO BEACH, FL 33071

☐ Delete

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CITY-ST-ZIP
D
SUPRENAUT, AL
262 BRIDGE STREET
OSTERVILLE, MA 02655

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
VPD
Mossop, Lincoln
291 Spencer Avenue
East Greenwich, RI 02818

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Smith, Edward
1420 S. Ocean Blvd. #F-9
Pompano Beach, FL 33062

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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SIGNATURE: *Kristen J. Baker* *Supervisor* **2/7/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR