2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-02-2006 90168 014 ***150.00

DOCUMENT # 223441

1. Entity Name
CLARK BROS. DIE SERVICE, INC.

66019748

Principal Place of Business	Mailing Address
~~2430 N W 38~~ ST ~~MIAMI, FL 33~~142	~~2430 N W 38~~ ST ~~MIAMI, FL 33~~142

2. Principal Place of Business	3. Mailing Address
4570 E 11 AVENUE	4570 E 11 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33013 Country: USA	Zip: 33013 Country: USA

04262006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-0875021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE,GEORGE R.
~~2430 NW 38TH~~ ST
~~MIAMI, FL 33~~142

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4570 E 11 AVENUE
City: HIALEAH FL Zip Code: 33013

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P PIERCE,GEORGE R. ~~2430 NW 38TH~~ ST ~~MIAMI, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4570 E 11 AVENUE HIALEAH FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON,GRADY L SR 2430 ~~NW 38TH ST~~ ~~MIAMI, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4570 E 11 AVENUE HIALEAH, FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: George R. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #