

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F10288		
1. Entity Name C. L. DEVELOPMENT, INC.		
Principal Place of Business 5901 SW 74TH ST. SUITE 407 MIAMI, FL 33143-2161 US		Mailing Address 5901 SW 74TH ST. SUITE 407 MIAMI, FL 33143-2161 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, GARY 5901 SW 74TH ST. SUITE 407 MIAMI, FL 33143		<div style="text-align:center; height: 100px;">DO NOT WRITE IN THIS SPACE</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		100000123090 04/21/04-R0155-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SKORMAN, MARC 2843 S BAYSHORE DR #14D COCONUT GROVE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, GARY 5901 SW 74TH ST., STE. 407 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, HAROLD 7300 PONCE DE LEON ROAD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-4-04 <small>Date Daytime Phone #</small>