


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 012 ***150.00

DOCUMENT # F10288 1. Entity Name C. L. DEVELOPMENT, INC.	
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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
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50057639



07132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2072381	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, GARY 5901 SW 74TH ST. SUITE 407 MIAMI, FL 33143
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**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SKORMAN, MARC 2843 S BAYSHORE DR #14D COCONUT GROVE, FL
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	

**DO NOT WRITE
IN THIS SPACE**

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:  **7/20/05 3056628999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #