



FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G89726 1. Entity Name CLEAR FILE, INC.			
Principal Place of Business 1936 PREMIER ROW ORLANDO, FL 32809 US		Mailing Address 1936 PREMIER ROW ORLANDO, FL 32809 US	
DO NOT WRITE IN THIS SPACE			
		04302008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2400202	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARMA, ASHEEM 1936 PREMIER ROW ORLANDO, FL 32809		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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	U000000943327 05/29/08-80057-010 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME	PM SHARMA, ASHEEM		
STREET ADDRESS CITY-ST-ZIP	3956 TOWN CENTER BLVD. #122 ORLANDO, FL 32837		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS SHARMA, IRENE 3956 TOWN CENTER BLVD. #122 ORLANDO, FL 32837		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 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.

4-28-08

407-851-5966