
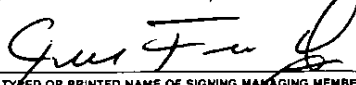


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 033 ****55.00

DOCUMENT # L06000121636 1. Entity Name CLEOR CONSULTING SERVICES LLC					
Principal Place of Business 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196			Mailing Address 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME			
City & State SAME		City & State SAME			
Zip SAME	Country SAME	Zip SAME	Country SAME		
4. FEI Number 22-3950201				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				08092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name SAME 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTEGA, JOSE F 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVES, MONICA M 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVES, MONICA M 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVES, MONICA M 15067 SOUTHWEST 103 TERRACE #14203 MIAMI, FL 33196	<input type="checkbox"/> Delete			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		08-10-07 786-443-0851			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			