



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90003 007 ***150.00

DOCUMENT # L66742 1. Entity Name CLARK CONTRACTORS, INC. OF MIAMI			
Principal Place of Business 1425 S.W. 27 AVE. MIAMI FL 33145 US		Mailing Address 1425 S.W. 27 AVE. MIAMI FL 33145 US	
2. Principal Place of Business 18508 SW 79CT Suite, Apt. #, etc.		3. Mailing Address 18508 SW 79CT Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157		Zip 33157	
Country USA		Country USA	
4. FEI Number 65-0194792		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GREGORY, JOHN H ESQ 901 PONCE DE LEON BLVD MIAMI FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME CLARK, MARK C	<input type="checkbox"/> Delete	
STREET ADDRESS 1425 S.W. 27TH AVENUE	18508 SW 79CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP MIAMI FL 33157			
TITLE STD	NAME CLARK, RAYMOND F	<input type="checkbox"/> Delete	
STREET ADDRESS 1425 S.W. 27TH AVENUE	18508 SW 79CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP MIAMI FL 33157			
TITLE 		<input type="checkbox"/> Delete	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		MARK C. CLARK	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/22/05 305 649 5600 <small>Date Daytime Phone #</small>	