


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000009852

1. Entity Name
 CLEAR VIEW LOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1110 BRICKELL SUITE 402 MIAMI, FL 33131	Mailing Address 1110 BRICKELL SUITE 402 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2465478	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

DE CESPEDES, CARLOS
 1200 BRICKELL AVENUE
 SUITE 1440
 MIAMI, FL 33031

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINA, GUILLERMO 1110 BRICKELL #402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNAL, CARLOS A 1110 BRICKELL #402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, JULIAN 1110 BRICKELL #402 MIAMI, FL 33131
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 03/13/08-80009-010 61.25

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 617, 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:  **Guillermo Reina** 2/29/08 305371-7676 ext 15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #