## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000009621

Entity Name: CLSINVESTMENTSINC.

FILED Mar 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1581 MC DANIEL DRIVE 1881 KENNEDY CAUSEWAY ASHEBORO, NC 27205

1101

NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHEDIAK, MIRTA

**Current Mailing Address: New Mailing Address:** 

% SOUTH BROWARD ACCTNG SVCS % SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE ~ STE 306 5599 S UNIVERSITY DRIVE STE 306

DAVIE, FL 33328 DAVIE, FL 33328

FEI Number: 65-0981609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHEDIAK, MIRTA % SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE ~ STE 306

% SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE STE 306

DAVIE, FL 33328 US DAVIE, FL 33328 US

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.

SIGNATURE: 03/09/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete Title: (X) Change ( ) Addition

SAMA, CARLOS SAMA, CARLOS Name: Name:

1881 79 STREET CSWY - 1101 1881 KENNEDY CAUSEWAY - 1101 Address: Address: City-St-Zip: NO BAY VILLAGE, FL 33141 City-St-Zip: NO BAY VILLAGE, FL 33141

Title: Title: () Change () Addition ( ) Delete

Name: COTO, MELANIE Name: 4806 DUTCHES LANE Address: Address: DURHAM, NC 27707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLO SAMA **PRES** 03/09/2009