


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000026464 1. Entity Name CLAROP VENTURES INC.	
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Principal Place of Business 2450 NE MIAMI GARDENS DR SECOND FLOOR MIAMI, FL 33180	Mailing Address 2450 NE MIAMI GARDENS DR SECOND FLOOR MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1012540	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DR 2ND FLOOR NORTH MIAMI BEACH, FL 33180
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**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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000064672 02/25/04-B0005-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELEM-ALVARADO, RODOLFO J 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELEM, DANIELLE 520 BRICKELL KEY DR # 0-305 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Danielle Selem</i> <i>Danielle Selem</i> <i>2/20/04</i>	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		