

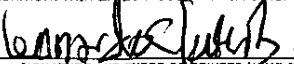


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000039731 1. Entity Name CLAVIER CORP.			
Principal Place of Business 1100 S. POWERLINE ROAD # 109 DEERFIELD BEACH, FL 33442 US		Mailing Address PO BOX 970632 COCONUT CREEK, FL 33097 US	
2. Principal Place of Business 2440 W. 80th St. Bay #5		3. Mailing Address PO BOX 970632	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hialeah, FL		City & State Coconut Creek, FL	
Zip 33016		Zip 33097	
Country USA		Country USA	
4. FEI Number 65-1006292		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 SHERMAN, LANCE 6518 N STATE ROAD 7 COCONIT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Sherman, Lance Street Address (P.O. Box Number is Not Acceptable) 6518 N. State Road 7 City Coconut Creek FL Zip Code 33073	
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 02-09-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAVIER, LEONARDO <input checked="" type="checkbox"/> Delete 1100 S. POWERLINE ROAD, SUITE #109 DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clavier, Leonardo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2440 W. 80th St. Bay #5 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, AMALOA C <input checked="" type="checkbox"/> Delete 1100 S. POWERLINE ROAD, SUITE 109 DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amalo Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2440 W. 80th St. Bay #5 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400028781934 02/16/04--01011--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Feb 09, 2004. 305-817-2828 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
 04 FEB 11 AM 10:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01302004 Chg-P CR2E034 (10/03)

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