

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P00000054472

1. Entity Name  
CLAWZ DESIGNS, INC.



Principal Place of Business  
3300 NORTH KEY DRIVE  
SUITE #8W  
NORTH FORT MYERS, FL 33903 US

Mailing Address  
3300 NORTH KEY DRIVE  
SUITE #8W  
NORTH FORT MYERS, FL 33903 US



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1022882

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL L  
3501 DEL PRADO BLVD.  
STE 312  
CAPE CORAL, FL 33904

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE S  
NAME LARROW, PAUL L  
STREET ADDRESS 3501 DEL PRADO BLVD., STE 312  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE DPT  
NAME LOSAURO, VALENTINO  
STREET ADDRESS 3300-8W NORTH KEY DRIVE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 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: *Valentino Losauro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 2390294247

Date

Device #