

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000054472

Entity Name: CLAWZ DESIGNS, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

## **New Principal Place of Business:**

3000 OASIS GRAND BLVD  
SUITE-2501  
FORT MYERS, FL 33916 US

## **New Mailing Address:**

3000 OASIS GRAND BLVD  
SUITE-2501  
FORT MYERS, FL 33916 US

FEI Number: 65-1022882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SPIRES, JAMES W  
12734 KENWOOD LANE STE 49  
FORT MYERS, FL 33907 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: DPT  
Name: LOSAURO, VALENTINO  
Address: 3000 OASIS GRAND BLVD UNIT -2501  
City-St-Zip: FORT MYERS, FL 33916

I hereby 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 all other like empowered.

SIGNATURE: VALENTINO LOSAURO

PRES

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date