FILED
May 06, 2008 08
Secretary of S

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000074998

1. Entity Name
CLIPPER HOLDINGS, INC.

Principal Place of Business	Mailing Address
700 E DANIA BEACH BLVD #202 DANIA, FL 33004	700 E DANIA BEACH BLVD #202 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1031425

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POIRIER, MARCELLE B
2701 SOUTH BAYSHORE DRIVE
SUITE 402
COCONUT GROVE, FL 33133

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COZZOLINO, SERGE
STREET ADDRESS	35 RUE DE MARECHAL FOCH
CITY-ST-ZIP	PARMAIN FRANCE, 95620
TITLE	D
NAME	LEGAY, PASCALE
STREET ADDRESS	35 RUE DE MARECHAL FOCH
CITY-ST-ZIP	PARMAIN FRANCE, 95620
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	

U00000949067
05/03/08-80012-019 158.75

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: _____ 04/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #