

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000080878

1. Entity Name
CLARO INVESTMENT COMPANY



FILED

04 MAR 19 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2655 LeJune Rd.
Suite, Apt. #, etc.
#507

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004

City & State

City & State

Coral Gables FL

4. FEI Number

65-1038808

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALVEZ-PRIEGO, JORGE
888 BRICKELL AVE 5TH FLOOR
MIAMI, FL 33131

Name

Juan Vicente Urdaneta

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJune Rd. #507

City

Coral Gables

FL

Zip Code

33134

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/17/04

DATE

**FILE NOW!!! FEES \$150.00
After May 1, 2004 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 ☐ Delete
NAME ROSSI GAROFALO, LUISA
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME DE ROSSI GAROFALO, ROSA
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME ROSSI GAROFALO, LUIS
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 2655 LeJune Rd. #507
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2655 LeJune Rd. #507
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2655 LeJune Rd. #507
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300030966349
STREET ADDRESS 03/24/04--01016--023 **158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: *Luisa Rossi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

305-728-1319

Daytime Phone #