

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90204 020 ***150.00

DOCUMENT # P01000054570



1. Entity Name
C L FINANCIAL USA, INC.

Principal Place of Business
**2200 CORPORATE BLVD. NW, STE. 401
BOCA RATON, FL 33431**

Mailing Address
**2200 CORPORATE BLVD. NW, STE. 401
BOCA RATON, FL 33431**



2. Principal Place of Business
2200 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 401
City & State

3. Mailing Address
2200 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 401
City & State

03102004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4224585 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HCRM CORP.
2200 CORPORATE BLVD. NW, STE. 401
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2200 NW Corporate Blvd., Suite 401
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHTD DUPREY, LAWRENCE A 2200 CORPORATE BLVD., NW, STE 401 BOCA RATON, FL 33431 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DUPREY, LAWRENCE A 2200 CORPORATE BLVD., NW, STE 401 BOCA RATON, FL 33431 | <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 | PSD COOK, JOSEPH R 2200 CORPORATE BLVD., NW STE 401 BOCA RATON, FL 33431 | <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 | CFOD Laurie Misner 550 S. Federal Highway Fort Lauderdale, FL 33301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT Laurie Misner 550 S. Federal Highway Fort Lauderdale, FL 33301 | <input type="checkbox"/> Change <input checked="" 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: Joseph R. Cook **Joseph R. Cook** **4/22/04** **561-997-9223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #