# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 28, 2005**
**Secretary of State**

DOCUMENT# P01000054570

**Entity Name:** C L FINANCIAL USA, INC.

**Current Principal Place of Business:**

2200 NW CORPORATE BLVD.
SUITE 401
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NW CORPORATE BLVD
SUITE 401
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number: 13-4224585** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HCRM CORP.
2200 NW CORPORATE BLVD
SUITE 401
BOCA RATON, FL 33431 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: CPTD ( ) Delete
Name: DUPREY, LAWRENCE A
Address: 2200 NW CORPORATE BLVD., STE. 401
City-St-Zip: BOCA RATON, FL 33431

Title: CEO (X) Delete
Name: DUPREY, LAWRENCE A
Address: 2200 NW CORPORATE BLVD., STE. 401
City-St-Zip: BOCA RATON, FL 33431

Title: VSD (X) Delete
Name: BALDINI, SYLVIA
Address: 2200 NW CORPORATE BLVD., STE. 401
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition
Name: DUPREY, LAWRENCE A
Address: 2200 NW CORPORATE BLVD., STE. 401
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE A. DUPREY C 07/28/2005

Electronic Signature of Signing Officer or Director — Date