## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000071438

1. Entity Name

CESA ADMINISTRATIVE SERVICES, INC.

FILED
Mar 17, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

13961 SW 72 TERRACE MIAMI, FL 33183 8770 SUNSET DRIVE # 366 MIAMI, FL 33173



## DO NOT WRITE IN THIS SPACE

03112008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1130903

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD, CLARA 520 WEKIVA BLUFF STREET APOPKA, FL 32712

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registi	ered affice or i	egistered agent, or bo	րկե, in the State of Florida. Tam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tire i	fapplicable (NOTE Registe	ered Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution			~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		•	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLIFFORD, CLARA 520 WEKIVA BLUFF ST APOPKA, FL 32712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		"			U00000859551 04/02/08-80026-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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:

CITY-ST-ZIP

dan Clifford.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/08

(205)310-4451

Daytime Phone \*