

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000071877

1. Entity Name  
CLAOS ENTERPRISES, INC.



Principal Place of Business  
6361 HUTCHINSON ROAD  
HIALEAH, FL 33014

Mailing Address  
5755 NW 151 ST  
MIAMI LAKES, FL 33014

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0880011

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ALVARADO, CLARA  
6361 HUTCHINSON RD.  
MIAMI LAKES, FL 33014

**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

U00000933113  
05/22/08-80080-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ALVARADO, CLARA  
STREET ADDRESS 6361 HUTCHINSON RD.  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08

Date

305-822-3555

Daytime Phone #