

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2004**

1092

<b>DOCUMENT # P01000087170</b>	
1. Entity Name <b>CLEMEN INVESTMENTS, INC.</b>	

**FILED**  
04 NOV 19 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DO NOT WRITE IN THIS SPACE</b>	
-----------------------------------	--

2. Principal Place of Business <b>6361 S.W. 85TH STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>901 PONCE DE LEON BLVD</b> Suite, Apt. #, etc. <b>SUITE 606</b>
---	--

City & State <b>MIAMI, FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33143</b>	Zip <b>33134</b>
Country	Country

**REINSTATEMENT**

4. FEI Number <b>65-1142308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	
-----------------------------------	--

7. Name and Address of Current Registered Agent	
Name <b>RIVADENEIRA, ALBERTO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6361 S.W. 85TH STREET</b>	
City <b>MIAMI</b>	Zip Code <b>FL 33143</b>

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 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD RIVADENEIRA, ALBERTO 6361 S.W. 85TH STREET MIAMI, FL 33143</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000042901770 11/19/04--01049--015 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

Clemen Investments, Inc.  
901 Ponce de Leon Blvd.  
Suite 606  
Coral Gables, FL 33134

November 16, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd., Suite 606 Coral Gables, FL 33134. Accordingly we did not receive the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We have subsequently hired a competent accountant that can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis.

We respectfully request that you abate the penalties for filing late. Thank you in advance for your prompt attention with this matter.

Sincerely,

  
Alberto Rivadeneira  
President