

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002668

1. Entity Name
CLMS HOLDINGS, INC.



Principal Place of Business
3521 NORTH 32 TERR.
HOLLYWOOD, FL 33021

Mailing Address
3521 NORTH 32 TERR.
HOLLYWOOD, FL 33021



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0379777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLAZER, SCOTT
3521 NORTH 32 TERRACE
HOLLYWOOD, FL 33021

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000314487
04/18/05-80167-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLAZER, I. SCOTT
STREET ADDRESS 3521 NORTH 32 TERR.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME BERNSTEIN, CYNTHIA
STREET ADDRESS 3521 NORTH 32 TERR.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE S
NAME FRIEDENTHAL, MITCHELL
STREET ADDRESS 3521 NONRTH 32 TERR.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE T
NAME GLAZER, LESLIE J
STREET ADDRESS 3521 N 32 TERR.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/05

954-795-5077