

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091192

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: CLEAR IMAGE MANAGEMENT, INC.

## Current Principal Place of Business:

4040 NE 2ND AVE.  
SUITE 313  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

4040 NE 2ND AVE.  
SUITE 313  
MIAMI, FL 33137

## New Mailing Address:

FEI Number: 58-2667687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONNELL, MICHAEL  
4040 NE 2ND AVE.  
SUITE 313  
MIAMI, FL 33137

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRAVO, JOSE  
Address: 2535 SW 125TH CT.  
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete  
Name: DONNELL, MICHAEL  
Address: 4040 NE 2ND AVE. SUITE 313  
City-St-Zip: MIAMI, FL 33137

Title: T ( ) Delete  
Name: DONNELL, MICHAEL  
Address: 4040 NE 2ND AVE. SUITE 313  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRAVO, JOSE  
Address: 1901 BRICKELL AVE #B-1107  
City-St-Zip: MIAMI, FL 33129

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: MICHAEL DONNELL

STD

04/08/2004

Electronic Signature of Signing Officer or Director

Date