

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000004741

1. Entity Name
C L MANAGER, INC.



Principal Place of Business

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

Mailing Address

515 E. LAS OLAS BLVD.
SUITE 1050
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

FILED

07 MAY -1 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05) 07

4. FEI Number
05-0548110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 NW CORPORATE BLVD., STE 401
BOCA RATON, FL 33431

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BALDINI, SYLVIA
STREET ADDRESS 2200 NW CORPORATE BLVD., STE 401
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE S
NAME GROSS, ANDREW M
STREET ADDRESS 2200 NW CORPORATE BLVD., STE 401
CITY-ST-ZIP BOCA RATON, FL 33431

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

900102234299
05/14/07--01007--005 **150.00

**DO NOT WRITE
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

Date

Daytime Phone #