## P0300006324

(Req	uestor's Name)	
(Addi	ress)	
(bbA)	ress)	
(City/	/State/Zip/Phone	<del>) #)</del>
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	



600041642856

in/n7/04--01012--004 \*\*70.00

04 OCT -7 AM IO: 51

Office Use Only

RARO Change

(a) 10.14. D4

## **COVER LETTER**

COVER LETTER
TO: Amendment Section Division of Corporations
COVER LETTER  TO: Amendment Section Division of Corporations  SUBJECT: CLEAR HORIZONS DEVELOPMENT CORP.  (Name of corporation)  DOCUMENT NUMBER: P03000006324
DOCUMENT NUMBER: P03000006324
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT B. VOGEL (Name of contact person)
CLEAR HORIZONS DEVELOPMENT CORP.  (Firm/Company)
915 HYACINTH DRIVE (Address)
DELRAY BEACH, FL 33483 (City/state and zip code)
For further information concerning this matter, please call:
ROBERT B. VOGEL at (561 ) 272-0893  (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitte	ed for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA		
in order to change its		ered agent, or both, in the State of Florida.		
1. The name of the corporation	: CLEAR HORIZONS D	CLEAR HORIZONS DEVELOPMENT CORP.		
2. The principal office address	915 HYACINTH DRIV	915 HYACINTH DRIVE		
	DELRAY BEACH, FL	33483		
3. The mailing address (if diffe	erent): (SAME AS ABO)	VE)		
4. Date of incorporation/qualif	ication: 07/17/2003	Document number: P03000006324		
5. The name and street address Florida Department of State		agent and registered office on file with the		
STEVEN I.	BACHENHEIMER			
STEVEN I. BACHENHEIMER  3600 YACHT CLUB DRIVE, APT. #1702  AVENTURA, FL 33180				
AVENTURA, FL 33180				
6. The name and street address (if changed):	s of the new registered age	ent (if changed) and /or registered office		
MATTHEW	MATTHEW ZIFRONY, ESQ.			
c/o TRIPP S	SCOTT, P.A., 110 SE 6th	ST., 15th FLOOR		
	(P.O. Box NOT acceptable	e <del>)</del>		
FORT LAU	DERDALE, FL 33301			
The street address of its regis as changed will be identical.	tered office and the street	t address of the business office of its registered agent,		
Such change was authorized authorized by the board, or the	by resolution duly adopte the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.		
(Signature of the officer or	director)	ROBERT B. VOGEL, PRESIDENT (Printed or typed name and title)		
I further eares to commit with	h the promisions of all sta	nd agree to act in this capacity. tutes relative to the proper and complete performance digation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.		
	5	- 10/1/2004		
(Signature of Registe	ecd Agent)	(Date)		
If signing on behalf of an ent	ity:			
(Typed or Printed N	lame)			