## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027740

Entity Name: CLAVELL & ASSOCIATES INC.

## FILED Jan 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8590 NW 3RD LANE, UNIT 103 9737 NW 41ST ST. MIAMI, FL 33126

286

DORAL, FL 33178

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 52-6962 9737 NW 41 ST ST. MIAMI, FL 33152 286 DORAL, FL 33178

FEI Number: 47-0917537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAVELL, JOSE E CLAVELL, JOSE E 8590 NW 3RD LANE, UNIT 103 9737 NW 41ST ST. MIAMI, FL 33126 286 DORAL, FL 33178 US

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: 01/22/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CLAVELL, JOSE E CLAVELL, JOSE E Name: Name: 8590 NW 3RD LANE, UNIT 103 9737 NW 41ST ST. SUITE 286 Address: Address:

City-St-Zip: MIAMI, FL 33126 City-St-Zip: DORAL, FL 33178

Title: VD Title: VD (X) Change ( ) Addition () Delete

CLAVELL, JOSE R Name: CLAVELL, JOSE R Name:

8610 MISTY SPRINGS CT. 9737 NW 41ST ST SUITE 286 Address: Address:

TAMPA, FL 33635 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete CASTRO, CARLOS A SELLHORN, AUGUSTO A Name: Name:

13170 SW 66TH TERRACE #1809B 9737 NW 41ST ST. SUITE 286 Address: Address:

City-St-Zip: MIAMI, FL 33183 City-St-Zip: DORAL, FL 33178

Title: (X) Delete Title: () Change () Addition

AUGUSTO, SELLHORN Name: 18204 TALDECO PLACE Address: TAMPA, FL 33647 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSE E. CLAVELL PD 01/22/2006