


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000040992
 1. Entity Name
GAIL CLARKE ENTERPRISES, INC.



Principal Place of Business Mailing Address
5331 NORTHWEST 189TH STREET **5331 NORTHWEST 189TH STREET**
OPA LOCKA, FL 33055 **OPA LOCKA, FL 33055**

DO NOT WRITE IN THIS SPACE



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
37-1466148 Not Applicable

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

6. Name and Address of Current Registered Agent
SINAGRA, FRANK J ESQ.
ONE FINANCIAL PLAZA
SUITE 1900
FORT LAUDERDALE, FL 33394

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: CLARKE, GAIL M
 STREET ADDRESS: 5331 NORTHWEST 189TH STREET
 CITY-ST-ZIP: OPA LOCKA, FL 33055

TITLE: D
 NAME: PROSPECT, ANTONIO K
 STREET ADDRESS: 6625 WINFIELD BOULEVARD, #107
 CITY-ST-ZIP: MARGATE, FL 33063

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 08/22/05-80004-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Antonio K. Prospect* 8/16/05 954 854 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #