


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90012 006 ***158.75

DOCUMENT # P03000076589	
1. Entity Name CLEMAN ENTERPRISES, INC	

Principal Place of Business 9695 NW 79 AVENUE #33 HIALEAH GARDENS, FL 33016	Mailing Address 9695 NW 79 AVENUE #33 HIALEAH GARDENS, FL 33016
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07092004 Chg-P CR2E034 (10/03)

4. FEJ Number 16-1676292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYES, CLOTILDE 9695 NW 79 AVENUE #33 HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent Name Anselmia Santana Street Address (P.O. Box Number is Not Acceptable) 9810 N.W. 80 Ave # 8H HIALEAH FL 33016 City FL Zip Code
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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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Clotilde Reyes 9695 NW 79 Ave #33 Hialeah Gardens, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Anselminia Santana 9810 N.W. 80 Ave # 8H Hialeah FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anselminia Santana* (305) 863-1111
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

574062944

July 12, 2004, 2004

#P03000076589

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
Division of Corporation

Re: CLEMAN ENTERPRISES, INC.
9810 N.W. 80 AVE # 8 H
HIALEAH, FL 33016

Gentlemen:

Enclosed please find our check in the amount \$ 158.75 for payment of
Annual report 2004 of the corporation of reference.

Annual report fee	150.00
Certification of status	8.75

Please be advised that we never received the ANNUAL REPORT form.

Your attention to this matter will be appreciated.

Very truly yours


ANCELMINIA SANTANA

Attachment

54062544

RESIGNATION

PO3000076589

GENTLEMEN:

I, CLOTILDE REYES, hereby tender my resignation as a

PRESIDENT OF CLEMAN ENTERPRISES, INC, to take effect at the conclusion

Of the BOARD OF DIRECTORS, at which this resignation is accepted.

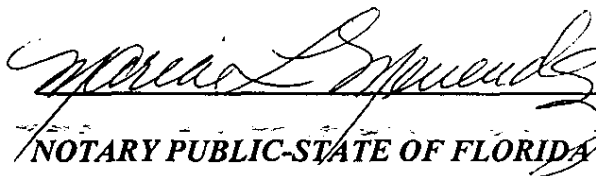
DATE: 07/09/2004


CLOTILDE REYES

**STATE OF FLORIDA
COUNTY OF MIAMI DADE**

The foregoing instrument was acknowledged before me this
By CLOTILDE REYES.

June 30, 2004


NOTARY PUBLIC-STATE OF FLORIDA

PERSONALLY KNOWN ☒
PRODUCED IDENTIFICATION _____



Maria L. Menendez
Commission # CC 99727/
Expires March 15, 200:
Bonded Thru
Atlantic Bonding Co., Inc