

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 014 ***150.00

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**

50020437



2. Principal Place of Business
**9810 NW 80 AVE
Suite, Apt. #, etc.
8H**

3. Mailing Address
**9810 NW 80 AVE.
Suite, Apt. #, etc.
8H**

02202005 Chg-P CR2E034 (10/03)

City & State
**Hialeah Gardens, FL.
Zip
33016**

City & State
**Hialeah Gardens, FL.
Zip
33016**

4. FEI Number
16-1676292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTANA, ANCELMIA
9810 NW 80 AVE
8H
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Anselminia Santana

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PR** ☒ Delete
NAME **REYES, CLOTILDE**
STREET ADDRESS **9695 NW 79 AVE # 33**
CITY - ST - ZIP **HIALEAH GARDENS, FL 33016**

TITLE **P** ☐ Delete
NAME **SANTANA, ANSELMINIA**
STREET ADDRESS **9810 NW 80 AVE # 8H**
CITY - ST - ZIP **HIALEAH, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Manuel Ferreira**
STREET ADDRESS **9810 NW 80 AVE #8H**
CITY - ST - ZIP **Hialeah gardens, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 an officer like empowered.

SIGNATURE: *Manuel Ferreira* **Manuel Ferreira** **2/21/05** **786-487-2990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #