## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P03000087016** CLEARVIEW INVESTMENTS, INC. Principal Place of Business Mailing Address 8301 CORAL WAY 8301 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2384888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GONZALEZ, CARLOS R 8301 CORAL WAY MIAMI, FL 33155 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 DATE Signature, typed or printed name of registered agent and title if applicably (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE-NOW!!!- FEE IS \$150.00 Trust Fund Contribution. . Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, CARLOS R NAME STREET ADDRESS 8301 CORAL WAY CITY-ST-ZIP MIAMI, FL 33155 TITLE U00000725287 05/03/07-80016-008 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT! F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of 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 attachmer an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone R