


*check # 1270*  
**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000096878</b><br>1. Entity Name<br><b>CLEAR SERVICES, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4932 NW 191ST ST<br/>         OPA LOCKA, FL 33055</b> | Mailing Address<br><b>4932 NW 191ST ST<br/>         OPA LOCKA, FL 33055</b> |
|---|---|

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0199868</b>  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**LIBERTY BUSINESS SERVICES, INC.  
 6202 NW 103RD ST  
 HIALEAH GARDENS, FL 33016**

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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: *Raquel Cuellar* *03-05-07*

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

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS |                     |
|----------------------------|---------------------|
| TITLE                      | D/P                 |
| NAME                       | CUELLAR, RAQUEL     |
| STREET ADDRESS             | 4932 NW 191ST ST    |
| CITY-ST-ZIP                | OPA LOCKA, FL 33055 |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |

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U00000660260  
 03/19/07-80017-020-150.00

12. I hereby certify that the information supplied with this filing 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 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: *Raquel Cuellar* *03/05/07* *7862082099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #