

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000096878

1. Entry Name
CLEAR SERVICES, INC.



Principal Place of Business
4932 NW 191ST ST
OPA LOCKA, FL 33055

Mailing Address
4932 NW 191ST ST
OPA LOCKA, FL 33055

FILED
Jun 12, 2008 08:00 AM
Secretary of State



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0199868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTY BUSINESS SERVICES, INC.
8202 NW 103RD ST
HIALEAH GARDENS, FL 33016

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8. The above named entry 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 \$150.00 Due by September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P CUELLAR, RAQUEL 4932 NW 191ST ST OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953032
06/12/08-80001-009-150-00

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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* RAQUEL CUELLAR 6-4-8 (786) 208-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #